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June 1991

Alberta
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June 1991

I am most pleased to present this paper entitled "Older Albertans, 1990," prepared by the Seniors Advisory Council for Alberta. The paper contains demographic, service utilization and public expenditure data relating to the population aged 65 and over in Alberta, as well as descriptions of the relevant federal and provincial programs. When appropriate, historical as well as current information is included in order to show changes over time.

Previous papers of this type have been prepared every two years during the past decade and have been found useful by those who are planning policies and programs for older people, as well as by those delivering services. It is our hope that this paper will be found equally useful for it provides a detailed overview of the directions Alberta has taken, and is taking, in meeting the needs of its senior population.

Yours sincerely,

Thos N Musgrove.

Thos. N. Musgrove. MLA
Chairman

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INTRODUCTION

Purpose of Paper

This paper provides information on Alberta's population aged 65 and older. It contains a descriptive overview of the demographic characteristics of seniors, the programs and services available to seniors, and the utilization and costs of these programs and services. Both projections and historical data from earlier versions of this paper are included to give a picture of trends over time to provide a base for planning for the future. This document is designed to be used by people needing current information on senior Albertans, as well as by those planning policies, programs and services relating to seniors now and in the future.

Organization and Content

Section I has demographic information on seniors living in Alberta. Information on current and projected numbers of seniors, age and gender, marital status, living arrangements, mother tongue, education, income, labour force activity, and health are included in this section. These data were obtained primarily from the Alberta Bureau of Statistics, Statistics Canada, and the 1986 census. This section also includes a brief review of surveys of seniors in Alberta.

Section II describes the benefits, programs and services used by persons aged 65 and over and the public expenditures (primarily provincial) for them.

These data were supplied by the relevant administrative and funding bodies and, whenever possible, are data from the 1989/90 fiscal year. This provides additional information about the health, social, and economic status of older people in Alberta. The first part of this section has information about benefit programs used, for the most part, by a majority of older Albertans. The second part describes the system of services for older persons with needs for special assistance and contains details of these services.

Because this information must be gathered from a number of different sources, it was not always possible to obtain 1989/90 statistics. Another limitation is that utilization data are collected in differing ways by the different bodies administering the programs. The results, therefore, are not always comparable. As much as possible, every effort has been made to standardize the results presented in this document.

Section III describes provincial structures and organizations involved with seniors and issues related to aging in Alberta.

Throughout this paper the terms "older persons," "senior citizens," "seniors," and "elderly persons" are used interchangeably to refer to persons 65 years of age and older. The data in this paper have been limited (primarily) to persons aged 65 and over, due to the availability of information and the reality that this is the age of eligibility for many of the programs for older people. Whenever possible, three sub-groups have been used, namely age groups 65-74, 75-84, and 85 and over. The rationale for using these age groups is to present as accurately as possible the age-related differences within the older population. While seniors cannot be categorized on the basis of age alone, there are some factors, such as health, income and service utilization, which generally vary between age groups of seniors.

It is important, though, to keep in mind that, within age cohort groups, seniors vary greatly in physical status and health, finances, educational level, interests, social supports and involvements, and in their psychological outlook. There is a tendency to generalize about older people which can lead to misleading conclusions and simplistic solutions in the development of policies and programs relating to seniors.

I. DEMOGRAPHIC CHARACTERISTICS

Size and Growth of the Older Population

In 1986, there were 2,697,600 persons aged 65 and over in Canada, 10.6% of the Canadian population. Alberta had 191,325 seniors, 8.1% of the total population of Alberta, 2,365,825 persons (Table I-1). As of June 1990, according to an estimate of the Alberta Bureau of Statistics, the number of seniors had grown to 220,500, or 8.9% of the population of the province. Alberta had, in 1986, the lowest percentage of seniors of all the provinces. Only the Yukon and Northwest Territories had lower proportions of seniors.

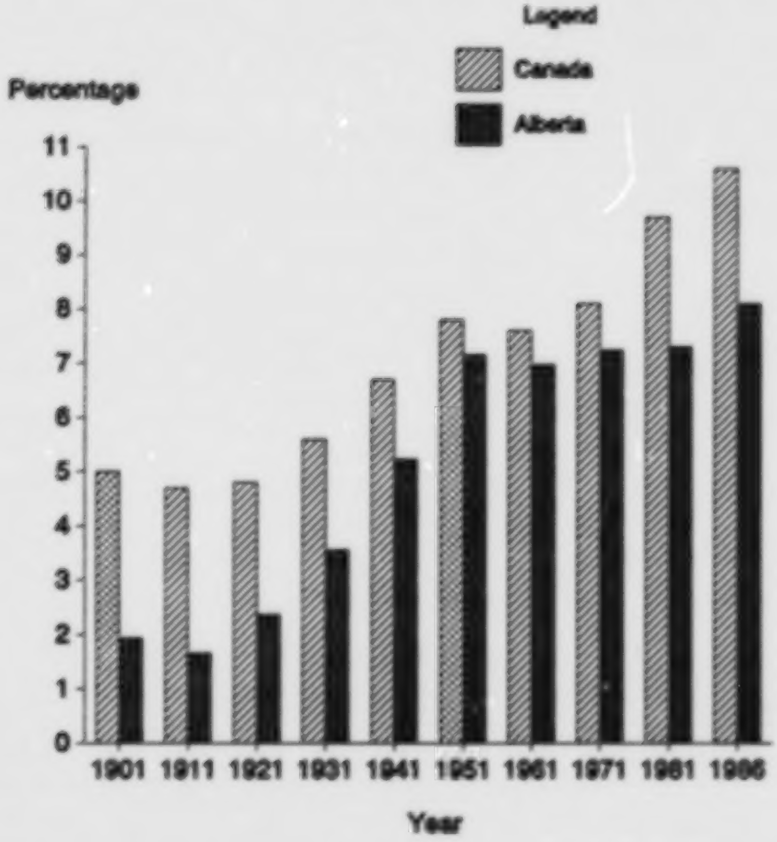
Both Canada and Alberta, until recently, have had "young" populations, in that the proportion of older people in their populations has been low (Figure I-1). Even now, both are "young" in comparison with the countries of western Europe.

TABLE I-1
POPULATION AGED 65+ IN CANADA, PROVINCES, AND TERRITORIES, 1986

	Total Population Number	Population 65+ Number	Per cent Distribution of 65+ Within Canada	Per cent 65+ Within Provinces	Median Age
Canada	25,309,330	2,697,600	100.0	10.6	31.6
Alberta	2,365,825	191,325	7.0	8.1	29.2
Yukon	23,505	860	0.03	3.6	28.9
N.W.T.	52,240	1,465	0.05	2.8	23.7
B.C.	2,883,365	349,490	12.9	12.1	33.1
Saskatchewan	1,009,615	128,595	4.7	12.7	30.1
Manitoba	1,063,020	133,890	4.9	12.5	31.4
Ontario	9,101,695	992,700	36.7	10.9	32.3
Quebec	6,532,460	650,640	24.1	9.9	32.0
New Brunswick	709,445	78,730	2.9	11.0	30.5
Nova Scotia	873,180	103,835	3.8	11.8	31.2
P.E.I.	126,650	16,080	0.5	12.6	30.6
Newfoundland	568,350	49,965	1.8	8.7	27.9

Source: Statistics Canada, The Nation, Catalogue 93-101, September 1987.

FIGURE I-1
PERCENTAGE OF TOTAL POPULATION AGED 65+ CANADA AND ALBERTA, 1901-1986



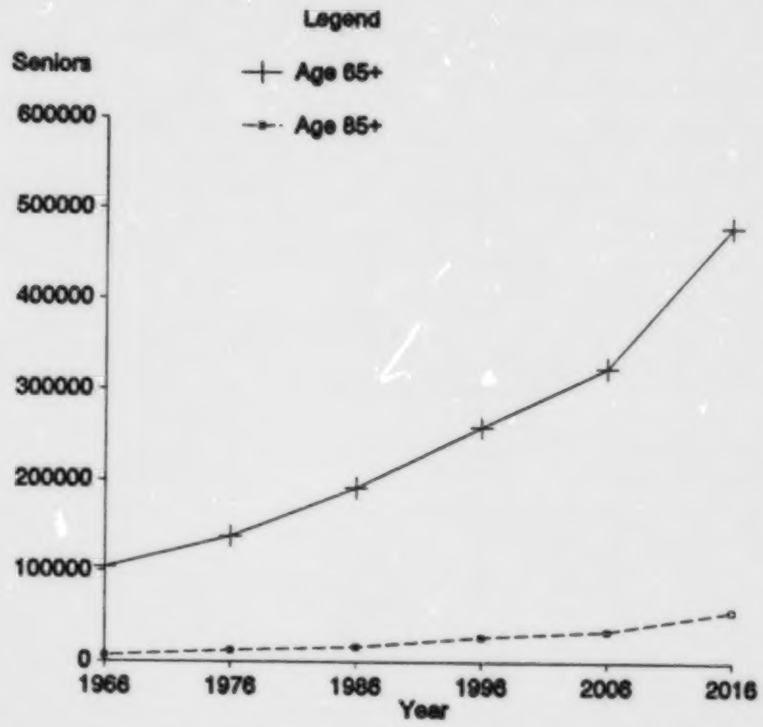
Source: Statistics Canada, The Nation, Catalogue 93-101, September, 1987.

The number of seniors in Alberta has been increasing steadily, and this trend is expected to continue. Figure I-2 shows the growth in the senior population aged 65+ and 85+ from 1966 to 1986, and the projections for 1996 to 2016.[1] By the year 2016, the population aged 65 and over is projected to climb to 478,800 persons, more than double its current number, reflecting the aging of the "baby-boom" generation.

---

[1] The projections used in this document are Series 6 of the Alberta Bureau of Statistics, based on a medium growth assumption. Series 6 was chosen on the recommendation of the Alberta Bureau of Statistics, telephone conversation, December 17, 1990.

FIGURE I-2
POPULATION AGED 65+ AND 85+, ALBERTA, 1966 - 1986 (CENSUS) AND 1996 - 2016 (PROJECTIONS)*

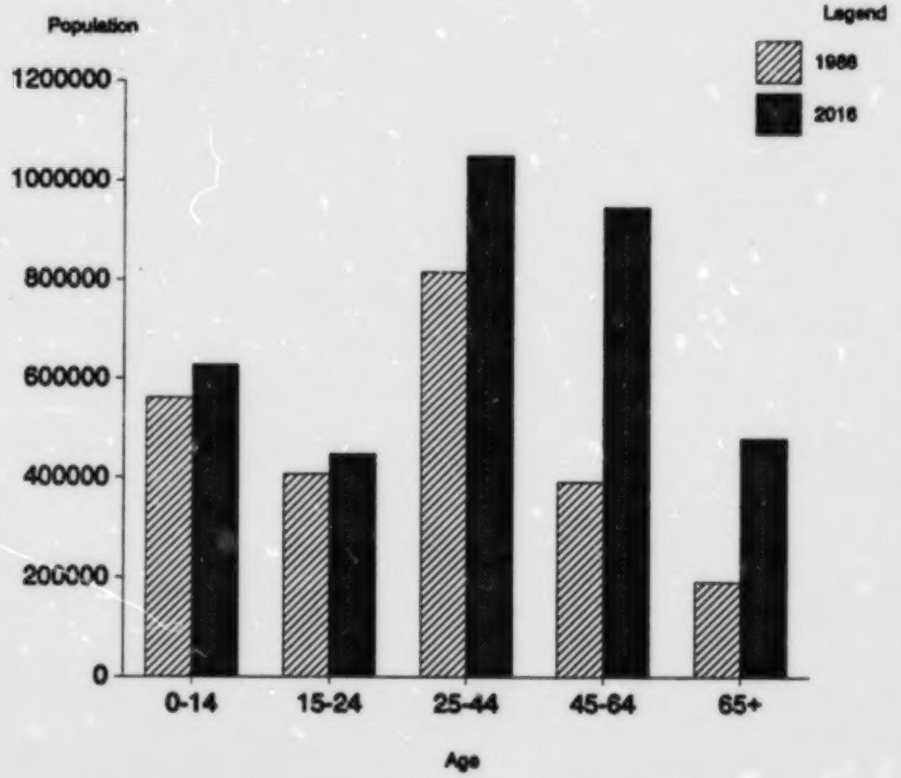


*Projections are based on Series 6.

Source: Statistics Canada, The Nation, Catalogue 93-101, September 1987, and Alberta Bureau of Statistics, Population Projections, May 1988.

The senior population is also increasing in proportion to other age groups. By 1996, the number of seniors is expected to grow to 9.6% of the population of Alberta, and to increase further to 13.5% by the year 2016. Figure I-3 shows the relative size of certain age groups in Alberta in 1986, and the projected size for 2016. Figures I-4 and I-5 show the population by five-year age groups and gender in 1986 and the 2016 projections.

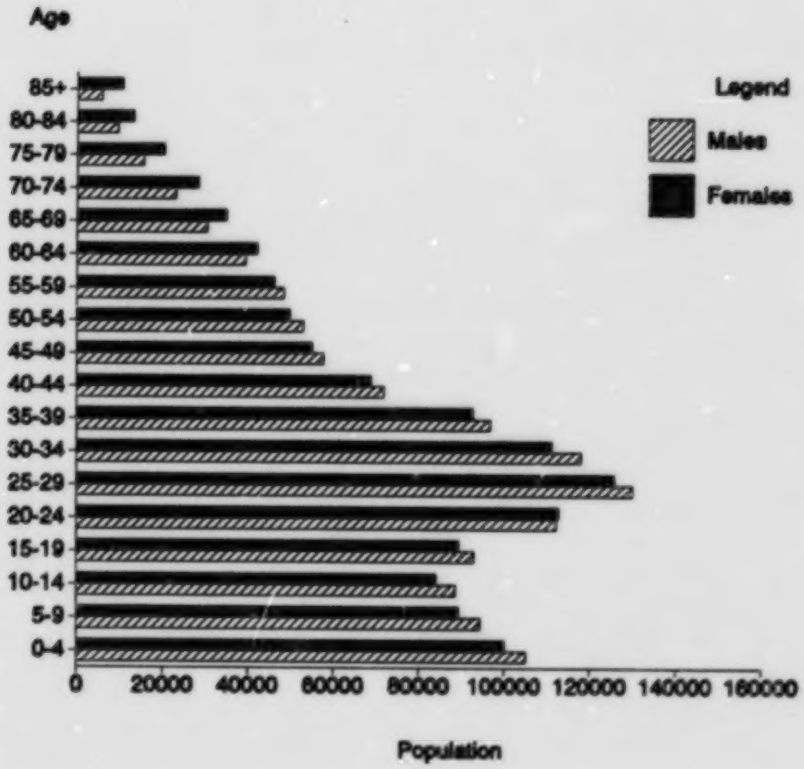
FIGURE I-3
POPULATION DISTRIBUTION BY BROAD AGE GROUP ALBERTA, 1986 (CENSUS) AND 2016 (PROJECTIONS)*



*Projections are based on Series 6.

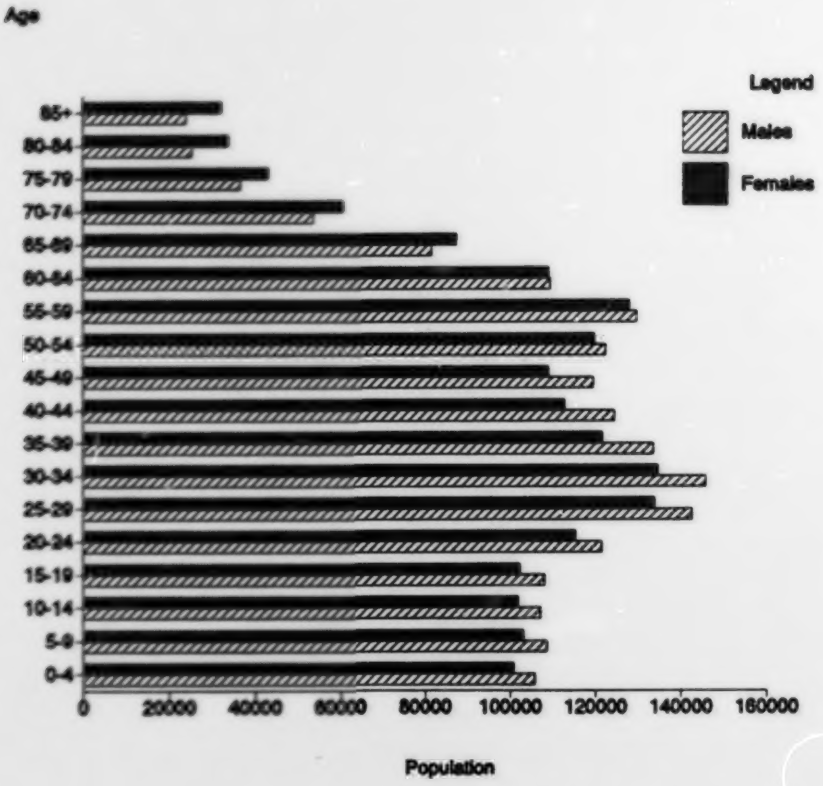
Source: 1986: Statistics Canada, The Nation, Catalogue 93-101, September 1987; 2016: Alberta Bureau of Statistics, Population Projections, May 1988.

FIGURE I-4
POPULATION BY FIVE-YEAR AGE GROUP AND GENDER, ALBERTA
1986 (CENSUS)



Source: Statistics Canada, The Nation, Catalogue 93-101, September 1987.

FIGURE I-5
POPULATION BY FIVE-YEAR AGE GROUP AND GENDER, ALBERTA 2016 (PROJECTIONS)*



*Projections are based on Series 6.

Source: Alberta Bureau of Statistics, Population Projections, May 1988.

The senior population is growing at a faster rate than the population under age 65. In the 30-year period between 1986 and 2016 the growth rate of the age group 65 and over is expected to be almost three times that of the population under age 65 (Table I-2).

TABLE I-2
POPULATION AND PERCENTAGE INCREASE BY AGE GROUP ALBERTA, 1986 (CENSUS) AND 2016 (PROJECTIONS)*

Age Groups	1986 Population in thousands (Census)	2016 Population in thousands (Projected)	Percentage Increase
0-14	561.3	627.1	11.7
15-24	407.0	446.9	9.8
25-44	814.9	1048.9	28.7
45-64	391.1	946.4	142.0
65-84	175.0	422.4	141.4
85+	16.3	56.4	246.0
0-64	2174.3	3069.3	41.2
65+	191.3	478.8	150.3
Total Population	2365.6	3548.1	50.0

*Projections are based on Series 6.

Source: 1986: Statistics Canada, The Nation, Catalogue 93-101, September 1987; 2016: Alberta Bureau of Statistics, Population Projections, May 1988.

Another method of measuring the "age" of a population is to compare the very young and the elderly to the working age population. This is referred to as the dependency ratio. The "young" dependency ratio is the proportion of persons aged 14 and under to the age group 15-64, and the "old" dependency ratio is the proportion of persons aged 65 and over to persons aged 15 through 64. This is a fairly arbitrary concept, in that it does not reflect the reality that many older people are economically independent, and that the vast majority of young people are still dependent at age 15. However, it is commonly used, and it gives a rough estimate of the so-called "dependent" population. In 1986, the old dependency ratio was 11.9% and the young dependency ratio 34.8%, for a total dependency ratio of 46.7%. It is expected that, in 2016, the total dependency ratio will have dropped very slightly. The old dependency ratio will be 19.6% and the young dependency ratio 25.7%, for a total dependency ratio of 45.3%.

The senior population itself is aging, and this is reflected in the increasing numbers of seniors aged 85 and over. In 1986, in Alberta, the 85+ age group made up 8.5% of persons aged 65 and over. By 1996, this group is expected to grow to 10.6% of the seniors, and by 2016 to 11.8% (Table I-3).

TABLE I-3
POPULATION AGED 65+ AND 85+ BY GENDER
ALBERTA, 1981-1986 (CENSUS), 1996-2016 (PROJECTIONS)*

	1981	1986	1996	2006	2016
Male 65+	74,250	84,140	113,200	143,700	221,600
Female 65+	89,145	107,190	145,300	179,700	257,200
Total 65+	163,395	191,325	258,500	323,400	478,800
Male 85+	5,515	5,745	9,000	10,000	24,100
Female 85+	8,665	10,625	18,400	24,100	32,300
Total 85+	14,180	16,365	27,400	34,100	56,400

* Projections are based on Series 6.

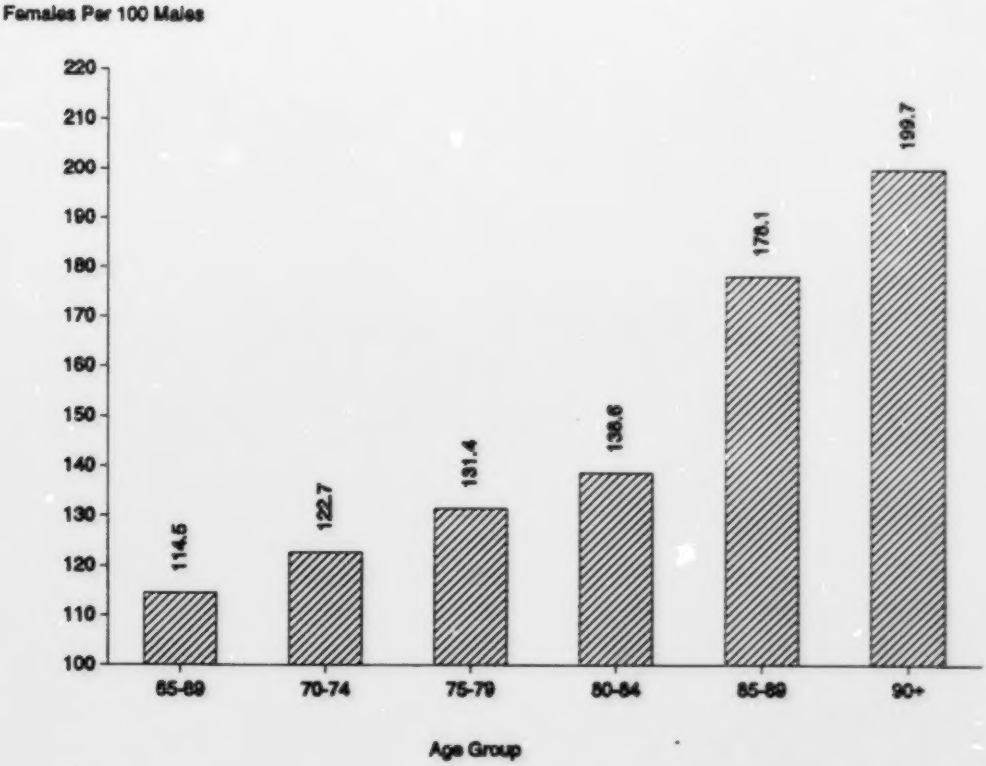
Figures may not add up due to rounding.

Source: 1981 and 1986: Statistics Canada, The Nation, Catalogue 93-101, September 1987; 1996, 2006 and 2016: Alberta Bureau of Statistics, Population Projections, May 1988.

Proportions of Men and Women

The senior population does not have equal proportions of men and women. The census of 1976 showed that, for the first time, older women had outnumbered older men in Alberta. At that time, there were 110 women to every 100 men aged 65 and over. By 1986 that ratio was 127 women for every 100 men. In the 85+ age group, women outnumbered men by 185 women to each 100 men (Figure I-6).

FIGURE I-6
RATIO OF FEMALES TO MALES AGED 65+
IN SELECTED AGE GROUPS, ALBERTA, 1986



Source: Statistics Canada, The Nation, Catalogue 93-101, September 1987.

Life Expectancy

The imbalance in the proportions of men and women in the senior population is caused by the difference in life expectancies between males and females (Table I-4). The average life expectancy of males and females has been increasing for many years and is expected to continue to rise. In 1986, the average life expectancy at birth was 73.3 years for males and 80.3 years for females. At age 65, the average years of life remaining for men were 15.3 and for women, 20.1 years (Table I-5). It is projected that, by 2011-2016, the average life expectancy at birth will be 78.5 years for males and 83.7 years for females.

TABLE I-4
ACTUAL AND PROJECTED EXPECTATION OF LIFE
ALBERTA, 1956 - 1986 (ACTUAL) AND
1991 - 2016 (PROJECTIONS)*

Year	Male	Female	Difference
1956	68.94	74.38	5.44
1961	69.57	75.55	5.98
1966	70.10	76.23	6.13
1971	70.44	77.38	6.94
1976	71.04	78.24	7.20
1981	71.98	79.09	7.11
1986	73.30	80.30	7.0
1991-1996	74.40	81.10	6.70
1996-2001	75.20	81.80	6.60
2001-2006	76.10	82.20	6.10
2006-2011	77.20	83.00	5.80
2011-2016	78.50	83.70	5.20

Source: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

TABLE I-5
LIFE EXPECTANCY AT AGE 0, 65, 80 AND 85 BY GENDER ALBERTA, 1980-82 AND 1984-86

Year	Gender	1980-1982	1984-1986
Age 0	Male	71.96	73.2
	Female	79.06	80.3
Age 65	Male	14.98	15.3
	Female	19.17	20.1
Age 80	Male	6.97	6.8
	Female	8.91	9.9
Age 85	Male	5.07	4.6
	Female	6.42	7.3

Source: 1980-82: Statistics Canada, Life Tables, Canada and Provinces, 1980-1982, Catalogue 84-532; 1984-1986: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

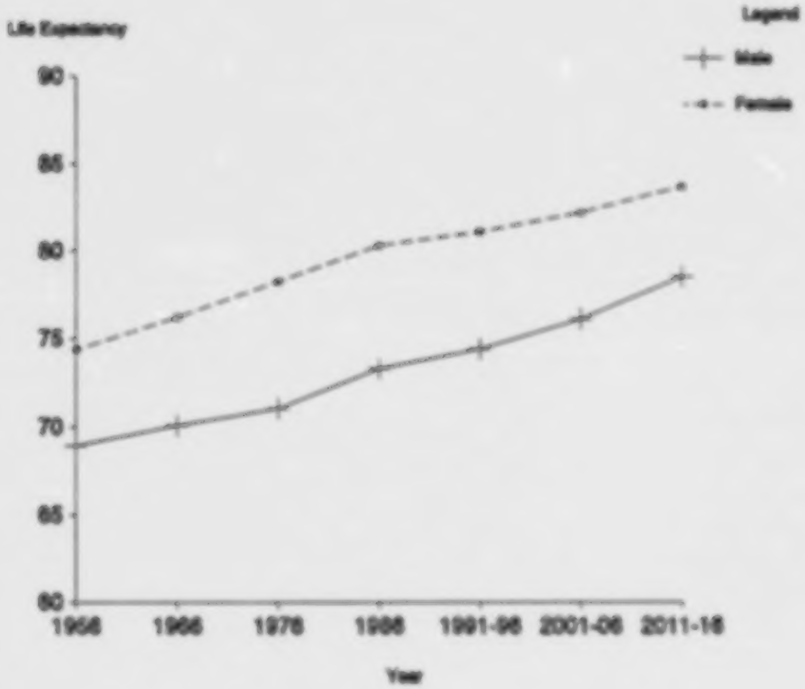
This projected increase will result largely from medical and health-related advances which prolong the average life span. In contrast, much of the increase in life expectancy in the past has been due to decreased infant mortality, which dropped from about 40 per 1,000 in the 1950s to less than 10 per 1,000 in the 1980s.

While the life expectancies of both men and women will continue to rise, in recent years the mortality rate for males has been decreasing at a greater rate than that for females.[2] As a result, the gap between men and women is expected to narrow, so that the proportion of older men in the population will rise (Figure I-7).

---

[2] F. Trovato and G. Lauris (1987). Mortality Trends of Middle-Aged and Elderly Albertans, 1951-81. Department of Sociology, University of Alberta.

FIGURE I-7
LIFE EXPECTANCY AT BIRTH FOR MALES AND FEMALES ALBERTA, 1956 - 1986 (ACTUAL) AND 1991 - 2016 (PROJECTIONS)*



Source: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

Marital Status

In Alberta, in 1986, 56% of the seniors were married, 33% widowed, 6% never married and only 5% divorced or separated. But there were great differences in marital status according to age and gender (Table I-6). About three-quarters of senior men were married, and even in the 85+ age group one-half were married. Among women, on the other hand, a large proportion was widowed. This difference is due to the greater longevity of women, and the cultural practice of women having spouses older than themselves. These differences in marital status between age groups and gender result in important differences in the living arrangements of seniors.

TABLE I-6
POPULATION AGED 65+ AND 85+ BY MARITAL STATUS AND GENDER, ALBERTA, 1986

	Marital Status					Total Per cent
	Single Per cent	Married Per cent	Widowed Per cent	Divorced Per cent	Sep. Per cent	
65+ Males	8	74	13	3	2	100
65+ Females	5	41	50	3	1	100
85+ Males	9	50	39	2	-	100
85+ Females	4	9	86	1	-	100

Source: Statistics Canada, 1986 Census Summary Tabulations, July 1987, and The Nation: Age, Sex and Marital Status, Catalogue 93-101, September 1987.

Living Arrangements

In 1986, the majority of Alberta's seniors lived in private households, either with family or alone, and only a small proportion lived in collective dwellings. Collective dwellings include lodges, hospitals (living in general or psychiatric hospitals six months or more), long term care centres (nursing homes, auxiliary hospitals), orphanages, penal institutions, religious institutions, hotels, motels, rooming houses, work camps, military camps, and Hutterite colonies.

Table I-7 shows the proportions of seniors living in private households and collective dwellings, by age and gender. In 1986, the percentage of seniors living in private households decreased with age. As well, there were differences between older men and older women in living arrangements. In the older age group, a slightly larger proportion of men than women lived in private households, while higher proportions of women lived alone (Table I-10) or in collective dwellings.

TABLE I-7
RESIDENTIAL STATUS OF POPULATION AGED 65+ BY AGE GROUP AND GENDER, ALBERTA, 1986

Age and Sex		Private Households Per cent	Collective Dwellings Per cent
65-74	Male	96	4
	Female	97	3
	Total	97	3
75+	Male	83	17
	Female	76	24
	Total	79	21
Total 65+	Male	91.5	8.5
	Female	88	12
	Total	90	10

Source: Statistics Canada, 1986 census.

Among those living in private households, the majority lived in single, detached houses. As would be expected, this dropped with increasing age, as did home ownership (Tables I-8 and I-9). Even so, 65% of those aged 85+ not living in collective dwellings were in homes that they owned. (However, it must be remembered that a large proportion of this age group was living in a lodge or long term care centre.)

TABLE I-8
TYPE OF DWELLING OF HOUSEHOLD MAINTAINERS AGED 65+ BY AGE GROUP (PRIVATE DWELLINGS ONLY)
ALBERTA, 1986

Dwelling Type	Age			
	65-74 Per cent	75-84 Per cent	85+ Per cent	65+ Per cent
Single, detached house	72	65	64	69
Apartment, 5 or more floors	7	12	14	9
Moveable dwelling	2	1	1	2
Other	19	22	24	20

* Totals may not add up due to rounding.

Source: Statistics Canada, 1986 Census.

TABLE I-9
TYPE OF TENURE (OWNED OR RENTED) OF HOUSEHOLD MAINTAINERS AGED 65+ BY AGE GROUP (PRIVATE DWELLINGS ONLY)
ALBERTA, 1986

Tenure Type	Age			
	65-74 Per cent	75-84 Per cent	85+ Per cent	65+ Per cent
Owned	76	67	64	72
Rented	24	33	37	28

Source: Statistics Canada, 1986 census.

Seniors have many different types of living arrangements, shown in three major groups in Table I-10.

A. Living in private households, with nuclear family: This includes seniors living with their own parents, spouse, or unmarried children, or seniors living with a nuclear family other than their own. The latter could include a person living with a married child, another related family, or an unrelated family.

B. Living in private households, not with nuclear family: This includes all seniors living in private households which do not include a nuclear family. A senior living with a sibling, friend, one or more relatives or non-relatives, or living alone would be in this category.

C. Living in collective dwellings (see the definition on page 15).

As stated earlier, there were, in 1986, age and gender differences in seniors' living arrangements. Of all seniors in Alberta, three-quarters of the men and not quite half of the women lived in family situations, and not quite one-fifth of the men and two-fifths of the women lived in non-family households (the majority of these living alone); 9% of the men and 12% of the women were in collective dwellings. The vast majority of people living in collective dwellings were living in lodges, long term care centres and general and psychiatric hospitals. Only 6% were living in boarding homes, hotels, and similar accommodation.

In total, in 1986, the majority of persons aged 65 and over, approximately 60% lived in family situations, either with a spouse or a related or unrelated family, or an unmarried son or daughter. There were even a few seniors living with their parents! A fairly high percentage of seniors (especially women) were living alone.

TABLE I-10
LIVING ARRANGEMENTS OF POPULATION AGED 65+ BY AGE GROUP AND GENDER, ALBERTA, 1986

Living Arrangement	Age Group and Gender					
	65-74		75+		Total 65+	
	M	F	M	F	M	F
	Per cent		Per cent		Per cent	
A) Living in Nuclear Family Private Households:						
- wives	N/A	52.0	N/A	20.0	N/A	39.0
- husbands	77.0	N/A	57.0	N/A	70.0	N/A
- lone parents	1.0	4.0	2.0	4.0	1.0	4.0
- children in families *1	0.1	0.1	0.02	0.0	0.07	0.07
- non-family persons *2	2.0	4.0	3.0	6.0	2.0	5.0
- total	80.0	60.0	62.0	30.0	74.0	48.0
B) Living in Non-Nuclear Family Private Households:						
- with immediate relative(s)	1.0	1.0	1.0	1.0	1.0	1.0
- with other relative(s)	1.0	2.0	1.0	3.0	1.0	2.0
- with non-relative(s)	1.0	1.0	1.0	1.0	1.0	2.0
- living alone	13.0	32.0	17.0	41.0	15.0	36.0
- total	16.0	37.0	20.0	47.0	18.0	41.0
C) Living in Collective Dwellings:						
- in hospitals	1.0	0.3	2.0	2.0	1.0	1.0
- in homes for elderly and chronically ill	2.0	2.0	15.0	21.0	7.0	10.0
- in hotels, motels, rooming houses, etc.	0.3	0.1	0.4	0.1	0.4	0.1
- in other collecting dwellings	0.3	0.5	0.2	0.5	0.3	0.5
- total	3.0	3.0	17.0	9.0	9.0	12.0
D) Total of All Living Arrangements:	100.0	100.0	100.0	100.0	100.0	100.0

* Totals may not add up due to rounding.

* 1 Seniors living with their own parents.

* 2 Seniors living with a nuclear family other than their own.

Source: Statistics Canada, 1986 Census in 1986.

The percentage of women living alone increased between 1981 and 1986 (Table I-11), and the percentage of seniors in collective dwellings decreased from 12.8% to 10.2% during those years (Table I-12).

TABLE I-11
LIVING ARRANGEMENTS OF POPULATION AGED 65+ NOT LIVING IN COLLECTIVE DWELLINGS BY AGE GROUP AND GENDER
ALBERTA, 1981 AND 1986

Arrangement	Age	1981		1986	
		M	F	M	F
		Per cent		Per cent	
A) Family Households:					
- spouse or lone parent	65-74	80.7	56.6	82.0	57.0
	75-84	72.0	34.0	73.0	34.0
	85+	59.0	21.1	60.0	17.0
- living with their own parents	65-74	0.1	0.1	0.2	0.1
	75-84	0.0	0.02	0.0	0.0
	85+	0.0	0.0	0.1	0.0
- non-family persons	65-74	2.1	4.6	2.0	4.0
	75-84	3.8	8.4	3.0	7.0
	85+	9.6	17.6	8.0	13.0
- total in family households	65-74	83.0	61.3	83.0	62.0
	75-84	75.7	42.4	76.0	40.0
	85+	68.8	38.7	70.0	32.0
B) Non-Family Households:					
- living with relatives	65-74	2.0	3.6	2.0	3.0
	75-84	2.4	5.0	2.0	5.0
	85+	3.5	9.3	3.0	9.0
- living with non-relatives	65-74	1.5	2.0	1.0	1.0
	75-84	1.9	2.0	2.0	2.0
	85+	2.6	2.0	2.0	1.0
- living alone	65-74	13.5	33.0	14.0	33.0
	75-84	19.9	50.5	20.0	53.0
	85+	25.4	49.8	25.0	56.0
- total in non-family households	65-74	17.0	38.6	17.0	38.0
	75-84	24.3	57.5	24.0	60.0
	85+	31.3	61.3	30.0	68.0

Source: Statistics Canada, 1986 census.

TABLE I-12
PERCENTAGE OF POPULATION AGED 65+ IN COLLECTIVE DWELLINGS BY AGE GROUP ALBERTA, 1971, 1976, 1981, 1986

Age Group	1971 Per cent	1976 Per cent	1981 Per cent	1986 Per cent
65-74	7.3	6.7	5.7	3.4
75+	22.6	24.4	24.0	20.8
65+	13.3	13.4	12.8	10.2

Source: Census of Canada: 1971, 1976, 1981, 1986.

Mother Tongue and Ethnic Origin

The latest information available on ethnic origins is from the 1981 census. In Alberta in that year, almost half the senior population stated their ethnic background as British. The next most common ethnic origins were German and Ukrainian (Table I-13).

A similar situation is shown in the information on mother tongue or native language. The three most common responses for mother tongue among seniors in 1986 were English, 63.7%; German, 7.7%, and Ukrainian, 7.3% (Table I-14).

The 1981 census collected information on the language used at home by seniors in Alberta. Among those whose mother tongue was neither English nor French, 56% reported speaking English as their home language. Thus, a total of 82% of seniors in Alberta reported English as their home language, 16% reported their home language as neither English nor French, and 2% reported speaking French at home.

TABLE I-13
ETHNIC ORIGINS OF POPULATION AGED 65+ ALBERTA, 1981

Ethnic Origin	Per cent
British	47
German	13
Ukrainian	10
Scandinavian	6
French	4
Dutch	3
Polish	3
Other	14

Source: Statistics Canada, Population, Catalogue 93-933, Vol. 2, 1981 census.

TABLE I-14
MOTHER TONGUE OF POPULATION AGED 65+
ALBERTA, 1986

Mother Tongue	Per cent
English	63.7
German	7.8
Ukrainian	7.3
French	2.7
Chinese	1.7
Polish	1.5
Dutch	1.4
Native	0.8
Italian	0.7
Hungarian	0.7
Russian	0.3
Tagalog-Philipino	0.2
Portuguese	0.1
Spanish	0.1
Yiddish	0.1
Finnish	0.1
Greek	0.1
Arabic	0.1
Punjabi	0.1
Vietnamese	0.1
Other	4.0
Multiple Responses	6.6

Source: Census of Canada, 1986.

There were differences among regions of the province. For example, English as a mother tongue was above the provincial average among Calgary seniors and below the average among those in Edmonton. A description of these variations can be found in a 1989 paper published by the Seniors Advisory Council for Alberta, "Alberta's Seniors: Demographic and Income Information by Health Unit."

Level of Education

Among the Alberta population aged 65 and over not living in collective dwellings, the largest proportion had some secondary school education or less (Table I-15). The level of education was higher for the younger age group than for the 75+ age group.

TABLE I-15
LEVEL OF EDUCATION OF POPULATION AGED 65+ NOT LIVING IN COLLECTIVE DWELLINGS BY AGE GROUP, ALBERTA, 1986

Level of Education	Age		
	65-74 Per cent	75+ Per cent	Total 65+ Per cent
Some secondary or less	66.0	76.0	69.0
Secondary graduation	6.0	3.0	5.0
Some past-secondary or trades certificate	15.0	11.0	14.0
Post-secondary degree or diploma	8.0	6.0	8.0
University degree	5.0	3.0	4.0

Source: Census of Canada, 1986: 20% sample of persons aged 65 and over not living in collective dwellings.

Employment

In 1986, 12% of senior Albertans, not living in collective dwellings (or 10.8% of all seniors)[3] were in the labour force. More than three times as many men as women reported being employed (Table I-16).

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[3] This assumes that persons living in collective dwellings (lodges, nursing homes, etc.) were not employed.

TABLE I-16
LABOUR FORCE ACTIVITY OF POPULATION AGED 65+ NOT LIVING IN COLLECTIVE DWELLINGS BY AGE GROUP AND GENDER, ALBERTA, 1986

Age	Gender	Per cent in Labour Force	Per cent Not in Labour Force
65-74	Male	26.0	74.0
	Female	8.0	92.0
	Total	16.0	84.0
75+	Male	10.0	90.0
	Female	2.0	98.0
	Total	5.0	95.0
Total 65+	Male	21.0	79.0
	Female	6.0	94.0
	Total	12.0	88.0

Source: Census of Canada, 1986; 20% sample of persons aged 65 and over, not living in collective dwellings.

Income

The average household income (in 1985 dollars) reported by those aged 65 and over not living in collective dwellings was $23,823 and the median income reported $16,481. In 1981, these figures were: average income, $23,562; median income, $15,515.

In 1986, only 6% of the seniors not living in collective dwellings reported having incomes of $35,000 or above (Table I-17).

TABLE I-17
REPORTED INCOME OF POPULATION AGED 65+ NOT LIVING IN COLLECTIVE DWELLINGS BY AGE GROUP AND GENDER, ALBERTA, 1986

Income Groups	Age Group and Gender								
	65-74 Per cent			75+ Per cent			Total 65+ Per cent		
	M	F	T	M	F	T	M	F	T
Without Income	2	3.0	2.0	1.0	1.0	1.0	1.0	2.0	2.0
Less than $5,000	4.0	14.0	10.0	2.0	4.0	3.0	3.0	11.0	7.0
$5,000-$9,000	25.0	46.0	36.0	52.0	65.0	49.0	34.0	53.0	44.0
$10,000-$14,999	24.0	17.0	20.0	22.0	16.0	18.0	23.0	16.0	19.0
$15,000-$19,000	15.0	8.0	11.0	9.0	6.0	7.0	13.0	7.0	10.0
$20,000-$24,999	9.0	4.0	7.0	5.0	3.0	4.0	8.0	4.0	5.0
$25,000-$34,999	11.0	4.0	7.0	5.0	3.0	4.0	8.0	4.0	5.0
$35,000 and over	12.0	3.0	4.0	5.0	2.0	3.0	9.0	3.0	6.0

Source: Census of Canada, 1986; 20% sample of persons aged 65 and over, not living in collective dwellings.

The information in Section II on the utilization of federal and provincial income support programs for seniors gives an additional picture of the income status of older Albertans. There has been a decline in the percentage of Old Age Security (OAS) recipients (almost all senior Albertans receive OAS benefits) reporting low enough incomes to receive income supplementation from the federal and provincial governments. There was a dramatic drop in both the number and the percentage of persons receiving maximum income supplementation, persons reporting that they had income other than the OAS benefit (see Section II for more details).

The primary reason for this decline is that people retiring now, who have been employed, are able to receive benefits from the Canada Pension Plan, and a larger percentage may be receiving benefits from occupational pension plans and from savings. According to a study by Health and Welfare Canada based on a 1987 Old Age Security and Canada Pension Plan survey, "pensioners were generally better off in 1986 than in 1980, and the situation ought to continue to improve as the public pension plans mature, private plan coverage expands and RRSPs increase in popularity."[4]

Still, it is probable, in view of the 1986 Census data, that fairly large numbers of seniors have only moderate incomes. In the 1987 survey by Statistics Canada, it was found that 34.9% of Alberta Old Age Security recipients had incomes below the Statistics Canada low-income cut-off lines ("poverty lines").[5] The vast majority of these seniors were single, that is, they were widowed, divorced, separated or never married. As of October 1990, a single senior was eligible for income supplementation only if his/her taxable income, including Old Age Security, was less than $14,224.92 annually. The unofficial poverty line, according to the National Council on Welfare, in 1990 was $14,078 for one person living in a city with a population of 500,000 or over.[6] This would indicate that all single seniors in Edmonton and Calgary receiving income supplementation were, at that time, living close to or below the unofficial poverty line.

In considering the above information, it must be recognized that information about the assets of older people is not available, and assets, of course, are a part of an individual's wealth. Furthermore, persons aged 65 and over in Alberta do have a number of universal and other benefits which provide them with additional direct and indirect income support.

It is, however, of some concern that, as of 1989, fewer than half of employed persons in Alberta had occupational pension plans, and that there was a very slight drop in this percentage between 1980 and 1989 (Table I-18). The percentage of employed persons in the labour force covered by occupational pension plans was consistently higher for Canada as a whole than for Alberta.

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[4] Letter from Andre Grenon, Chief Data Development, Income Security Programs, Health and Welfare Canada, March 1991.

[5] Grenon, A. and M. Bernard, The Financial Situation of Canadian Pensioners. Text of a paper presented in Quebec City, April 28, 1989, Health and Welfare Canada, Income Security Programs.

[6] Fire, S. "Where to draw the line on poverty," Globe and Mail, October 27, 1990.

TABLE I-18
PERCENTAGE OF EMPLOYED PAID WORKERS IN THE LABOUR FORCE COVERED BY OCCUPATIONAL PENSION PLANS IN CANADA AND IN ALBERTA, 1980-1989

Year	Alberta	Canada
	Per cent	Per cent
1980	42.5	47.7
1982	40.9	46.5
1984	45.4	47.0
1986	43.6	45.7
1988	41.3	44.9
1989	41.4	44.6

Source: Statistics Canada, Pension Plans in Canada, Supplement to Publication No. 74-401, July 1990.

Distribution of the Older Population

In both 1966 and 1986, the majority of older people lived in urban areas.[7] During these 20 years, this percentage increased, while the percentage living in farm areas decreased.

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[7] The Census definition of an urban area: a continuously built-up area having a population concentration of 1,000 or more and a population density of 400 or more a square kilometre. To be considered continuous, it must not have a discontinuity of more than two kilometres.

TABLE I-19
URBAN/RURAL DISTRIBUTION OF POPULATION AGED 65+ AND 85+, ALBERTA, 1966 AND 1986

Residence	1966		1986	
	65+ Per cent	85+ Per cent	65+ Per cent	85+ Per cent
Urban	68.4	75.8	79.2	85.5
Rural Non-Farm	16.8	15.1	15.5	12.4
Farm	14.8	9.1	5.3	2.1

Source: Statistics Canada, 1966 Census, 1986 Census.

Almost one-half the senior population, in 1990, lived in Edmonton and Calgary, as can be seen from Table I-20, which shows the distribution of Old Age Security recipients (almost all persons aged 65 and over) among the 27 Alberta health units. One-fourth of these seniors were living in Edmonton (Edmonton Board of Health region).

TABLE I-20
PERCENTAGE DISTRIBUTION OF OLD AGE SECURITY RECIPIENTS AMONG HEALTH UNITS, ALBERTA, DECEMBER 1990

Health Unit	Per cent of Total 65+ in Alberta
Edmonton	24.8
Calgary	23.7
Red Deer	5.3
Southeastern Alberta	4.2
Lethbridge	3.8
Alberta East Central	3.8
Sturgeon	3.3
Leduc-Strathcona	2.9
Vegreville	2.4
Chinook	2.4
Mount View	2.3
Wetoka	2.2
South Peace	2.0
Minburn-Vermilion	2.0
Northeastern Alberta	2.0
Barons-Eureka-Warner	1.9
Drumheller	1.8
Foothills	1.8
South Peace	1.8
Peace River	1.6
Athabasca	1.2
Alberta West Central	1.2
Big Country	0.8
Fort McMurray	0.2
High Level-Fort Vermilion	0.2
Banff	0.2
Jasper	0.1

Source: Health and Welfare Canada.

In 1966 and 1986, the urban areas did not, however, have as high proportions of seniors as the rural non-farm areas (Table I-21). High concentrations of older people were found in Alberta's small towns and villages, and in the smaller cities. The farm areas had very low proportions of older people.

TABLE I-21
PERCENTAGE 65+ AND 85+ OF TOTAL POPULATION IN URBAN, RURAL NON-FARM, AND FARM AREAS ALBERTA, 1966 AND 1986

Residence	1966		1986	
	65+ Per cent	85+ Per cent	65+ Per cent	85+ Per cent
Urban	6.6	0.52	8.1	0.74
Rural Non-Farm	9.1	0.59	9.6	0.65
Farm	5.2	0.23	5.6	0.19

Source: Statistics Canada, 1966 Census, 1986 Census.

In 1986, the southern and eastern areas of the province had higher concentrations of older people. Vegreville Health Unit had the highest percentage of seniors in its population, 17.2%, and Fort McMurray Health Unit the lowest, at 1.1% (Table I-22). The percentage of seniors in Edmonton was slightly above the provincial average, that of Calgary considerably below. Figure I-8 is map showing the location of the health units.

TABLE I-22
NUMBERS OF PERSONS AGED 65+ AND THEIR PERCENTAGE OF THE POPULATION BY HEALTH UNIT, ALBERTA, 1986

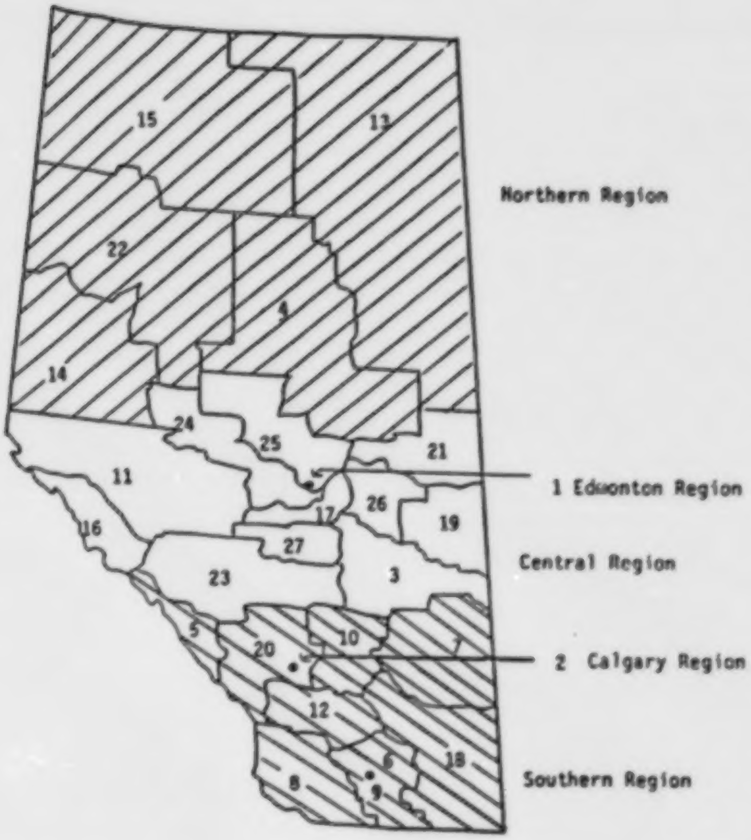
Health Unit	Number	Per cent of Total Population
Alberta 65+	191,160	8.1
Total	2,697,600	
Vegreville 65+	4,875	17.2
Total	28,420	
Alberta East Central 65+	7,740	14.5
Total	53,410	
Lethbridge 65+	7,600	12.9
Total	58,810	
Chinook 65+	4,903	12.5
Total	39,400	
Big Country 65+	1,505	12.2
Total	12,360	
Wetoka 65+	4,350	12.0
Total	36,295	
Minburn-Vermilion 65+	4,315	11.4
Total	37,775	
Drumheller 65+	3,650	11.3
Total	32,425	
Southeastern Alberta 65+	8,085	10.9
Total	74,355	
Foothills 65+	3,445	10.7
Total	32,330	
Barons-Eureka-Warner 65+	3,615	9.3
Total	38,830	
Red Deer 65+	10,180	8.7
Total	117,470	

Health Unit	Number	Per cent of Total Population
Edmonton 65+	46,920	8.3
Total	565,965	
Northeastern Alberta 65+	3,730	8.0
Total	45,510	
Athabasca 65+	2,300	7.6
Total	30,280	
Mount View 65+	4,415	7.4
Total	59,475	
Peace River 65+	2,740	7.4
Total	37,205	
Calgary 65+	44,105	6.9
Total	635,860	
Sturgeon 65+	6,245	6.7
Total	93,845	
South Peace 65+	4,205	6.6
Total	63,290	
Stony Plain 65+	3,675	5.7
Total	64,255	
Alberta West Central 65+	2,160	5.6
Total	38,695	
Jasper 65+	195	5.0
Total	3,925	
Leduc-Strathcona 65+	5,075	5.0
Total	101,680	
Banff 65+	335	4.3
Total	7,775	

Health Unit	Number	Per cent of Total Population
High Level-Fort Vermilion 65+	440	3.2
Total	13,925	
Fort McMurray 65+	410	1.1
Total	36,650	

Source: Census of Canada, 1986.

FIGURE I-8
ALBERTA HEALTH UNITS


15
13
Northern Region
22
4
14
24
25
21
11
1 Edmonton Region
26
19
17
16
27
Central Region
23
3
5
20
10
7
2 Calgary Region
12
6
18
Southern Region
8
9

#	Name	#	Name
1	Edmonton	15	High Level-Fort Vermilion
2	Calgary	16	Jasper
3	Alberta East Central	17	Leduc-Strathcona
4	Athabasca	18	Southeastern Alberta
5	Banff	19	Minburn-Vermilion
6	Barons-Eureka-Warner	20	Mountview
7	Big Country	21	Northeastern Alberta
8	Chinook	22	Peace River
9	Lethbridge	23	Red Deer
10	Drumheller	24	Stony Plain
11	Alberta West Central	25	Sturgeon
12	Foothills	26	Vegreville
13	Fort McMurray	27	Wetoka
14	South Peace		

Migration Patterns

In 1989/90, some seniors moved to other provinces and others moved to Alberta, resulting in a net migration from other provinces of 971 persons aged 65 and over. The net immigration of seniors from other countries was 568 persons.[8]

Health Status

Average life expectancy at birth has been increasing for both men and women, but there is debate as to whether this increased life expectancy has given seniors more healthy years or given them a longer period of illness and disability. This is an important question for those planning policies and programs for older people, and one difficult to answer.

A number of noted gerontologists and demographers have suggested that, in general, future generations of seniors will be healthier. A report shows substantial and consistent improvements in the health of American seniors between 1961 and 1981.[9] Canadian demographers point out improvements in the health practices of older Canadians,[10] and report that "older Canadians are becoming healthier, living longer, adjusting to their chronic illnesses better and finding new approaches to any long-term care needs that arise."[11] In general, the majority of Canadian (and Albertan) seniors report satisfactory or good health, and the majority of seniors (probably about 80 per cent) are capable of living independently and are able to care for themselves.

Reported health. The Statistics Canada General Social Survey of 1985 collected information on the health status of non-institutionalized Canadians. On average, seniors in Alberta reported good health (Table I-23). Even among the older age group of seniors, those aged 75+, the majority reported that they had excellent or good health. Only a small percentage, in both age groups, reported poor health.

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[8] Statistics Canada, Postcensal Annual Estimates of Population by Marital Status, Age, Sex and Components of Growth for Canada, Provinces and Territories, June 1, 1990. Catalogue 91-210, November 1990.

[9] E. Palmore (1986). "Trends in the Health of the Aged." The Gerontologist, XXVI(3):298-302.

[10] L. O. Stone and S. Fletcher (1986). The Seniors Boom: Dramatic Increases in Longevity and Prospects for Better Health. Catalogue No. 89-515). Ottawa: Minister of Supplies and Services.

[11] S. McDaniel (1986). Canada's Aging Population. Toronto and Vancouver: Butterworths.

TABLE I-23
SELF-RATED HEALTH STATUS OF NON-INSTITUTIONALIZED POPULATION AGED 65+ BY AGE GROUP, ALBERTA, 1985

Health Status	Age		
	65-74 Per cent	75+ Per cent	Total 65+ Per cent
Excellent	24.4	12.1	16.6
Good	45.6	48.7	47.6
Fair	18.7	23.5	21.8
Poor	11.3	15.7	14.0

Source: Alberta Bureau of Statistics, General Social Survey: Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

There were variations in reported health status among persons of different education levels. Those with higher levels of education were more likely to report excellent or good health than those with less education. This difference was especially noticeable in the age group 65 through 74, where 64% of those with some secondary education or less reported excellent or good health compared to 83% of those with post secondary degrees or diplomas.[12]

Reported days of disability. Respondents reported the number of disability days (short-term activity limitations resulting in bed-days or days lost from usual activity) they had had in the two weeks prior to the survey (Table I-24). Over three-quarters of the seniors (even among those aged 75+) reported no days of disability in that period of time.

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[12] Alberta Bureau of Statistics, General Social Survey: Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

TABLE I-24
NUMBER OF DISABILITY DAYS IN TWO-WEEK PERIOD FOR NON-INSTITUTIONALIZED POPULATION AGED 65+ BY AGE GROUP, ALBERTA, 1985

Days	Age Group	
	65-74 Per cent	75+ Per cent
0	81.5	80.4
1	1.0	4.3
2	2.6	2.0
3 or more	14.9	13.4

Source: Alberta Bureau of Statistics, General Social Survey: Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

Reported activity level. More than half of the seniors in both the younger and older age groups reported that they were "active" or "moderately active." Only one-third of those in the younger age group and slightly more than one-third of those in the older age group reported that they were "sedentary" (Table I-25).

TABLE I-25
REPORTED ACTIVITY LEVELS OF NON-INSTITUTIONALIZED POPULATION AGED 65+ BY AGE GROUP, ALBERTA, 1985

Activity Level	Age Group	
	65-74 Per cent	75+ Per cent
Sedentary	34.0	37.0
Moderately Active	51.0	55.0
Active	13.0	8.0
Not Stated	2.0	-

Source: Alberta Bureau of Statistics, General Social Survey, Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

Limitations to activity. In the Statistics Canada General Social Survey non-institutionalized seniors were asked about any limitations to activity they might have. The majority in both age groups said that they had no limitations or only some limitations. Only 5% of those aged 65 through 74 and 10% of those aged 75 and over reported major limitations (Table II-26).

TABLE II-26
DEGREE OF ACTIVITY LIMITATION REPORTED BY NON-INSTITUTIONALIZED POPULATION AGED 65+ BY AGE GROUP, ALBERTA, 1985

Degree of Activity Limitation	Age Group	
	65-74 Per cent	75+ Per cent
None	31.0	27.0
Some	44.0	43.0
Moderate	17.0	18.0
Major	5.0	10.0
Unknown	4.0	2.0

Source: Alberta Bureau of Statistics, General Social Survey, Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

Disabled older persons. The Statistics Canada Health and Activity Limitation Survey collected information during 1986 and 1987 on the type and severity of disabilities among Canadians. The survey included persons in private households, collective dwellings, and Indian reserves.

A disability was defined for this survey as:

> In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.[13]

This definition of disability covers a wide range of problems which can vary in severity and disruptiveness, and many older persons function quite well even with some disability. They learn to cope gradually with the disabilities they have, and the meaning of the disability to the older person varies from individual to individual. Also, disabilities which come in the later years of life have a different meaning to the individual than disabilities occurring in the early years of life. Also, it is obvious, in looking at the information on activity levels, that the disabilities of older persons affect their activity levels only moderately.

The percentage of older Albertans with disabilities was reported to be 47.4%. The disability rate was slightly higher for men than for women in the 65 and over age group, and considerably higher for men in the 85+ age group. As would be expected, the percentage of seniors reporting disabilities increased with age. Among those aged 85 and older, 78% reported having a disability or disabilities (Table II-27).

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[13] Adopted from: International Classification of Impairments, Disabilities, and Handicaps, World Health Organization, 1980, p. 143. Disabilities were separated into six categories: 1) mobility (limited in ability to walk, move from room to room, carry an object for 10 meters, or stand for long period); 2) agility (limited in ability to bend, dress, or undress oneself, get in and out of bed, cut toenails, use fingers to grasp or handle objects, reach, or cut own food); 3) seeing (limited in ability to read ordinary newsprint or to see someone from four meters, even when wearing glasses; 4) hearing (limited in ability to hear what is being said in conversation with one other person, or two or more persons, even when wearing a hearing aid); 5) speaking (limited in ability to speak and be understood); 6) other (limited because of a learning disability or emotional or psychiatric disability, or because of a developmental delay).

TABLE I-27
TOTAL POPULATION AND DISABLED POPULATION AGED 65+
ALBERTA, 1986/87

Population	Male	Female	Total
Total Population 65+	83,625	106,720	190,345
Total Disabled Population 65+	40,580	49,655	90,235
Percentage of Total	48.5%	46.5%	47.4%
Total Population 85+	5,745	10,625	16,365
Total Disabled Population 85+	5,090	7,640	12,730
Percentage of Total	88.6%	71.9%	77.8%

Source: Statistics Canada, Health and Activity Limitation Survey: Selected Data for Canada, Provinces, and Territories. Catalogue 41034, May 1988.

Despite this high rate of disability, 81% of the disabled persons aged 65 and over lived in private households, as did 46% of the disabled persons aged 85 and over. In all but the youngest (age 65-69) age groups, there was a consistently higher percentage of men living in private households and a higher percentage of women living in institutions (Table I-28).

TABLE I-28
RESIDENTIAL STATUS OF DISABLED PERSONS AGED 65+ BY AGE GROUP AND GENDER, ALBERTA, 1986/87

Age Group	Gender	Living in Households Per cent	Living in Institutions Per cent
65-69	Male	94.0	6.0
	Female	95.0	5.0
	Total	95.0	5.0
70-74	Male	93.0	7.0
	Female	92.0	8.0
	Total	92.0	8.0
75-79	Male	85.0	15.0
	Female	83.0	17.0
	Total	84.0	16.0
80-84	Male	76.0	24.0
	Female	68.0	32.0
	Total	71.0	29.0
85+	Male	61.0	39.0
	Female	35.0	65.0
	Total	46.0	54.0
65+	Male	85.0	15.0
	Female	77.0	23.0
	Total	81.0	19.0

Source: Statistics Canada, Health and Activity Limitation Survey: Selected Data for Canada, Provinces, and Territories, Catalogue 41034, May 1988.

Activities with which seniors need help. The Statistics Canada General Social Survey gathered information on the types of activities for which non-institutionalized seniors said they needed help. For both older and younger seniors, yard work and heavy housework, followed by grocery shopping, were the major needs (Table I-29).

TABLE I-29
NON-INSTITUTIONALIZED POPULATION AGED 65+ ABILITY TO CARRY OUT SELECTED ACTIVITIES BY AGE GROUP, ALBERTA, 1985

Age 65-74	Do Alone Per cent	Could Do Alone Per cent	Needs Help Per cent	Total Per cent
Yard Work	32.6	31.2	36.3	100.0
Heavy Housework	40.6	38.2	21.2	100.0
Light Housework	65.7	28.8	5.5	100.0
Meal Preparation	54.4	39.3	6.3	100.0
Grocery Shopping	44.3	44.6	10.6	100.0
Money Management	82.4	13.0	4.5	100.0
Personal Care	98.3	0.4	1.2	100.0
Age 75+	**Do Alone**	**Could Do Alone**	**Needs Help**	**Total**
Yard Work	29.3	22.1	48.7	100.0
Heavy Housework	43.2	18.4	38.3	100.0
Light Housework	53.0	30.0	17.0	100.0
Meal Preparation	53.6	22.7	23.7	100.0
Grocery Shopping	35.0	34.5	30.5	100.0
Money Management	74.7	9.4	15.9	100.0
Personal Care	89.6	0.4	10.0	100.0

Source: Alberta Bureau of Statistics: General Social Survey, Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

Causes of Death

The leading cause of death for Albertans over age 65, in 1989, was heart disease -- diseases of the circulatory system; 47.2% of the deaths of persons aged 65 and over in Alberta were due to this. Cancer -- malignant neoplasms -- accounted for 24.6% of the deaths of senior Albertans (Table I-30). The comparable percentages in 1986 were: heart disease, 49.1% and cancer, 22.9%.

TABLE I-30
LEADING CAUSES OF DEATH FOR POPULATION AGED 65+
ALBERTA, 1986

Causes	Number	Per cent
Diseases of the Circulatory System	4,468	42.2
Malignant Neoplasms	2,325	24.6
Diseases of the Respiratory System	1,084	11.5
Diseases of the Digestive System	329	3.5
External Causes of Injury and Poisoning	288	3.1
Endocrine, Nutritional and Metabolic Diseases	242	2.6
Diseases of the Nervous System and Sense Organs	195	2.1
Diseases of the Genitourinary System	150	1.6
Mental Disorders	150	1.6
Others (Including Unknown)	226	2.2
Total Deaths	9,457	

Source: Alberta Health, Vital Statistics; Vital Statistics Annual Review, 1989, June 1990.

Death by suicide is included in the 288 deaths under "external causes of injury and poisoning." There were 39 deaths by suicide of persons aged 65 and over, 32 men and 7 women, in 1989. They were 10.9% of all deaths by suicide in Alberta in that year, a proportion only slightly higher than the proportion of seniors in the population.

Surveys of Seniors in Alberta

In 1986, the then Alberta Senior Citizens Secretariat tried to locate all the surveys of older people carried out in the province since 1980; a summary of the findings was prepared, copies of which are available from the office of the Seniors Advisory Council. In almost all of the surveys obtained and reviewed, older people were asked about perceptions of their health, and the majority of the older people (all of whom were living in the community as the surveys did not include institutionalized elderly persons) indicated that they felt that their health was satisfactory or quite good. Almost uniformly, they reported that they wished to live as independently as possible and would consider moving to a lodge or a nursing home only if their health declined.

In one survey, older people indicated that non-medical support services were the most important services in assisting them to live independently.[14]

A recent paper by a sociologist[15] contains a comprehensive review of national, provincial and local surveys of seniors in Alberta. These surveys were found to be very consistent in their findings. "Wherever and whenever surveyed, the great majority of seniors are found to be generally healthy, happy, and living independently....In short, most seniors do not admit to unmet needs....and Alberta's service delivery system is perceived to be generally adequate...."[16] The paper suggests that, in the future, needs surveys should target groups of seniors who are more "at risk," such as frail seniors, seniors above the age of 80, and those who are recent immigrants, for these are the groups of seniors who have special needs.[17]

The author points out that the stereotype of seniors as sick and dependent is patently false, and that, for those who need some help, family assistance is often available. Despite the fact that seniors are the vast majority of the users of long term care services and that they also use, in higher proportion than their proportion of the population, hospital and medical services, it is a relatively small number of individuals who are using these services extensively (see Section II for further information on this). How we meet the challenge of the aging population in the future will depend on factors other than the numbers of seniors--factors relating to the economy and service delivery trends.[18]

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[14] Regional Interdisciplinary Steering Committee for Geriatric Services in the North Peace River Region, A New Beginning: A Review of the Needs of Seniors in the North Peace Region, June 1986.

[15] H. C. Northcott (1990). Aging in Alberta: Rhetorics and Realities. Unpublished Paper.

[16] Ibid., pages 83 and 84.

[17] Ibid., page 85.

[18] Ibid., p. 150.

II. UTILIZATION AND PUBLIC EXPENDITURES FOR PROGRAMS USED BY SENIORS

Services and benefits used by older persons are provided by the federal, provincial and municipal governments, assisted by voluntary organizations and private enterprise. This section of the paper describes these programs and their policies, their utilization by persons aged 65 and over and public expenditures on them. In addition to providing an overview of Alberta's social policy for older people, this information helps to give a picture of the needs and the health, social, and economic status of seniors.

A stated objective of the Government of Alberta is to help older persons maintain their independence. This goal was expressed in a position paper, released in 1975, by the then Minister of Social Services and Community Health, the Honourable Helen Hunley. The paper is entitled Senior Citizens in Alberta, A Position Paper. Since that time, as programs have been announced, for example, the Coordinated Home Care Program and the Home Improvement Programs, this goal has been repeated. It has also been emphasized in the annual reports of the Seniors Advisory Council for Alberta (the former Provincial Senior Citizens Advisory Council). Many of the benefit programs provided to seniors by the Government of Alberta provide direct and indirect income support to seniors, thereby increasing their independence and ability to choose their own lifestyles.[19]

Appendix A contains a listing of the benefits/services of particular relevance for seniors by the year of their establishment.

A. GENERAL PROGRAMS AND SERVICES

Included in Part A are the broad benefit programs for seniors and, as well, programs and services which help to enrich the lives of older people.

Federal Income Support Programs

The federal income support programs for Canadian seniors help to ensure the economic independence of older persons.

Old Age Security and Guaranteed Income Supplement (Health and Welfare Canada). The federal government provides the Old Age Security program (OAS) and the Guaranteed Income Supplement program (GIS).

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[19] Most of the benefits available to seniors, their spouses and dependents are also available to widowed persons receiving the Alberta Widows' Pension Program.

OAS benefits are available to all persons aged 65 and older who meet the residency requirements. Approximately 98% of Alberta's seniors qualify for OAS benefits. (This depends on length of residence in Canada, not citizenship.)[20] The Guaranteed Income Supplement (GIS) is provided to those seniors who report little or no income other than OAS benefits. The amount of a GIS benefit depends on marital status and the level of family income, not on assets.[21]

The number of OAS recipients has been increasing, but there has been a steady decrease in the percentage receiving income supplementation (from 57% in 1975 to 42% in 1990), and between 1988 and 1990 there was a slight decrease in the actual number also. As well, both the number and percentage of seniors reporting no income other than OAS benefits and therefore receiving the maximum guaranteed income supplement has been decreasing (Table II-1).

In Canada as a whole, 44% of OAS pensioners were receiving income supplementation; this percentage ranged from a high of 77% in the Northwest Territories and 76% in Newfoundland to a low of 34% in Ontario and 37% in British Columbia.

Between 1975 and 1990, the rate of increase in the number of persons receiving OAS benefits, and the number of those receiving GIS benefits in addition, has been very different. During that period of time, the number of OAS recipients increased by 68%, while the number of people receiving GIS benefits increased by only 23% (Figure II-1).

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[20] Since the tax year 1989, OAS recipients with annual incomes of $50,000 and above pay a special tax which amounts to 100% on incomes of $78,000 and above.

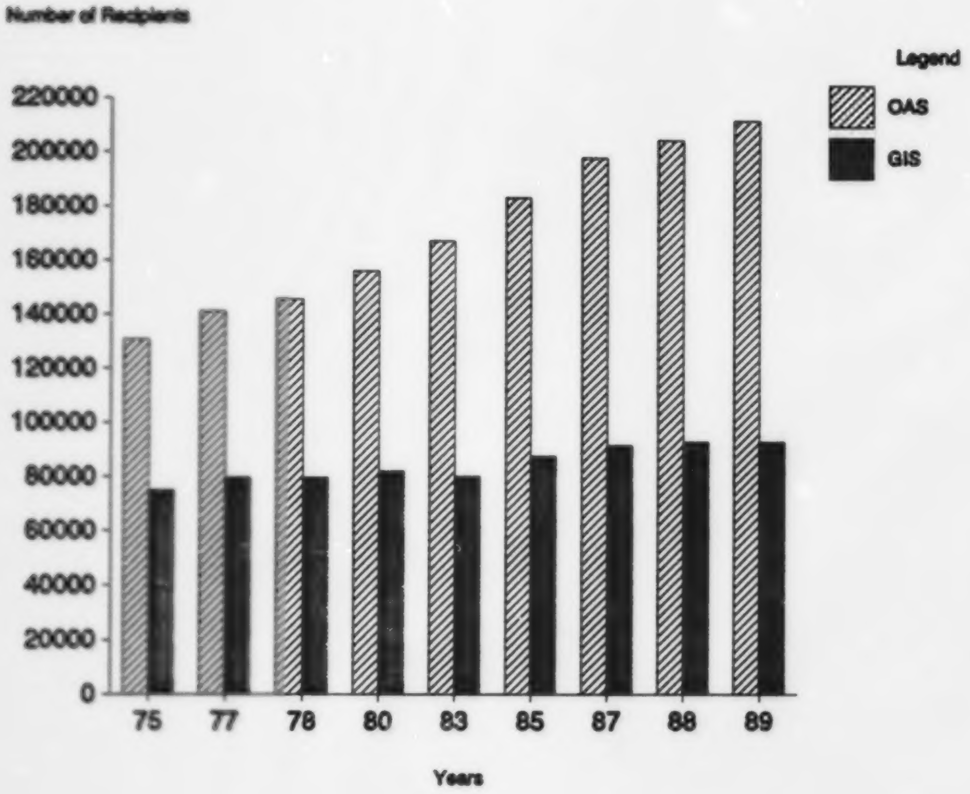
[21] Guaranteed Income Supplement payments are decreased by $1.00 for every two dollars of additional income (not including the Old Age Security benefit).

TABLE II-1
NUMBER OF RECIPIENTS OF OLD AGE SECURITY (OAS) GUARANTEED INCOME SUPPLEMENT (GIS) MAXIMUM GUARANTEED INCOME SUPPLEMENT AND PERCENTAGE OF SUPPLEMENTATION, ALBERTA, 1975 - 1990

	OAS Number	GIS Number	GIS/OAS Per cent of Total OAS	MAX/GIS Number	MAX/GIS Per cent of Total OAS
August 1975	130,868	74,864	57.2	29,810	22.8
December 1977	141,115	79,551	56.4	27,560	19.5
December 1978	145,709	79,515	54.6	26,043	17.9
December 1980	155,923	82,980	53.2	23,028	14.8
December 1983	170,161	80,213	47.1	18,366	10.8
December 1985	183,017	87,570	47.8	17,674	9.7
December 1987	197,661	91,603	46.3	16,627	8.4
December 1988	204,135	92,756	45.4	15,869	7.8
December 1989	211,316	92,731	43.9	15,129	7.1
December 1990	219,353	91,891	41.9	14,126	6.5

Source: Health and Welfare Canada.

FIGURE II-1
NUMBER OF RECIPIENTS OF OLD AGE SECURITY (OAS)
GUARANTEED INCOME SUPPLEMENT (GIS), ALBERTA, 1975 - 1990

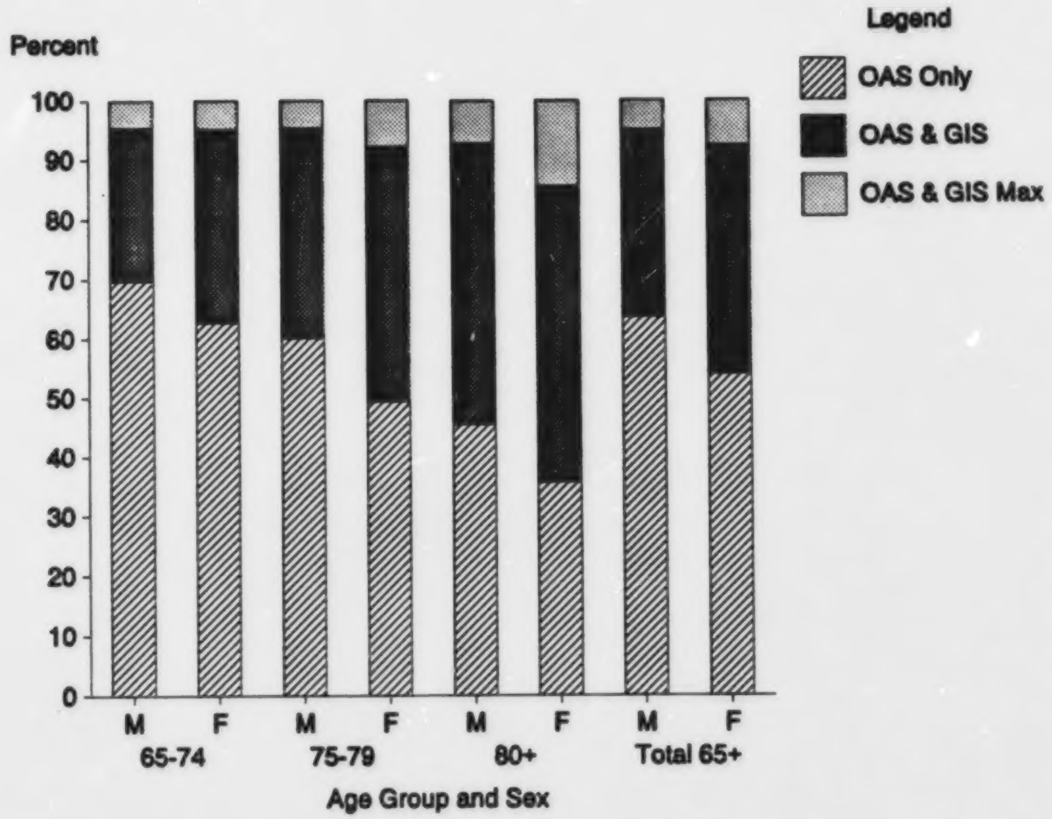


Source: Health and Welfare Canada.

The latest (December 1990) information shows that there are great differences between age groups and genders in the percentage of pensioners receiving supplementation (Figure II-2). Women were more likely to receive income supplementation (GIS) than men, and the proportion of seniors receiving supplementation increased with age.

Of those receiving maximum supplementation, 34% were men and 66% were women. The majority of seniors receiving maximum supplementation were single (71%), and the largest percentage (38%) were aged 80 and over. Women aged 80 and over constituted 29% of all seniors receiving maximum income supplementation.

FIGURE II-2
PERCENTAGE OF OLD AGE SECURITY (OAS) RECIPIENTS RECEIVING OAS ONLY OAS PLUS GUARANTEED INCOME SUPPLEMENT (GIS) PARTIAL AND OAS PLUS GIS MAXIMUM, BY AGE GROUP AND GENDER ALBERTA, DECEMBER 1990



Source: Health and Welfare Canada.

There are differences among regions of the province in the percentages of seniors receiving income supplementation. In 1990, the northern region had the largest proportion of seniors receiving income supplementation, and Calgary had the lowest percentage (Table II-2). Table II-3 shows the percentage of pensioners receiving income supplementation (partial or full benefit) by individual health unit within each region in December 1986 and December 1990. In all health units, the percentage of persons receiving income supplementation has dropped slightly.

TABLE II-2
PERCENTAGE OF OLD AGE SECURITY (OAS) RECIPIENTS RECEIVING OAS ONLY OAS PLUS GUARANTEED INCOME SUPPLEMENT (GIS) MAXIMUM AND OAS PLUS GIS PARTIAL, BY REGION, ALBERTA DECEMBER 1986 AND DECEMBER 1990*

Region	OAS Only Per cent		GIS Partial Per cent		GIS Max Per cent	
	1986	1990	1986	1990	1986	1990
Southern Region	56	60	37	35	7	5
Northern Region	32	37	45	45	23	17
Central Region	44	49	44	43	11	8
Edmonton	57	62	35	32	8	6
Calgary	61	66	33	29	6	5
Alberta Total	52	58	39	35	9	6

* Due to rounding percentages may not always add up to one hundred per cent.

Source: Health and Welfare Canada.

TABLE II-3
PERCENTAGE OF SENIORS RECEIVING OLD AGE SECURITY (OAS) ONLY OAS PLUS GUARANTEED INCOME SUPPLEMENT (GIS) MAXIMUM OAS PLUS GIS PARTIAL, ALBERTA DECEMBER 1986 AND DECEMBER 1990*

Health Unit	OAS Only Per cent		GIS Max Per cent		GIS Partial Per cent	
	1986	1990	1986	1990	1986	1990
Southern Region						
Banff	80	81	3	3	17	16
Barons-Eureka-Warner	49	55	8	5	43	40
Big Country	60	65	6	3	34	32
Chinook	52	57	10	8	38	35
Lethbridge	57	63	6	4	37	34
Drumheller	57	59	8	6	35	35
Foothills	65	67	5	4	30	29
Southeastern Alberta	53	58	5	3	42	38
Mount View	59	62	8	6	33	33
Northern Region						
Athabasca	23	29	31	24	46	47
Fort McMurray	31	34	37	30	32	36
South Peace	39	45	14	10	47	45
High Level-Ft. Vermilion	12	16	55	43	33	41
Peace River	30	38	22	15	48	47
Central Region						
Alberta East Central	52	55	7	5	41	40
Alberta West Central	35	43	15	9	50	48
Jasper	76	81	2	1	22	18
Leduc-Strathcona	49	56	9	6	42	38
Minburn-Vermilion	50	54	9	6	41	40
Northeastern Alberta	25	30	25	19	50	51
Red Deer	54	58	7	5	39	38
Stony Plain	41	46	13	9	46	45
Sturgeon	40	48	13	9	47	43
Vegreville	31	35	15	11	54	54
Wetoka	44	48	12	6	44	44
Edmonton	57	62	8	6	35	32
Calgary	61	66	6	5	33	29

*Due to rounding percentages may not always add up to one hundred per cent.

Source: Health and Welfare Canada.

Spouse's Allowance and Widowed Spouse's Allowance (Health and Welfare Canada). The federal government also offers the Spouse's Allowance (SPA) for spouses aged 60 through 64 of low-income pensioners. As of September 1, 1985, this benefit has also been payable to low-income widows and widowers aged 60 through 64, irrespective of the spouse's age at death. This benefit is called the Widowed Spouse's Allowance. In December 1990 there were 7,986 Albertans receiving these two benefits (7,211 women and 775 men).

In 1989/90, the federal expenditures for income support programs for Alberta seniors (including the expenditures for persons aged 60 through 64) were over $1 billion (Table II-4). Since 1982/83, the expenditures for OAS have increased by 75% and those for GIS by 71%.

TABLE II-4
ANNUAL EXPENDITURES FOR FEDERAL INCOME SUPPORT PROGRAMS
ALBERTA, 1982/83 - 1989/90
($ Millions)

Year	OAS	GIS	SPA	Total
1982/83	$479.57	$154.68	$13.40	$647.66
1983/84	526.02	161.89	14.28	702.19
1984/85	568.33	192.76	15.89	776.98
1985/86	616.16	217.36	21.31	854.82
1986/87	666.35	228.12	29.42	923.89
1987/88	720.33	242.70	30.79	993.82
1989/90	837.38	264.37	30.09	1,131.84

Source: Health and Welfare Canada: Inventory of Income Security Programs in Canada, 1984, 1985 and 1987 issues; 1987/88, 1989/90, Health and Welfare Canada, Policy Planning and Information Branch.

Provincial Income Support Programs

The Alberta government supplements the federal income support program for seniors and also provides several income security programs used by older persons.

Alberta Assured Income Plan (AAIP) (Alberta Family and Social Services). The Alberta Assured Income Plan was established in 1975. For two years preceding this a small income supplement was paid to all Alberta Old Age Security recipients receiving federal income supplementation. In 1975, the AAIP was brought in to provide a more generous income supplement (at that time a maximum of $45 a month). The maximum amount monthly is, as of 1990, $95 (the benefit ranges from $10 to $95 monthly). The amount of this supplement is dependent on income reported to the federal government to establish eligibility for the Guaranteed Income Supplement. Seniors do not have to apply for the AAIP; they receive benefits automatically if they are receiving GIS benefits.[23]

The legislative base for this income support program is the Senior Citizens Benefits Act.

As of October 1990 the guaranteed minimum income for seniors in Alberta was $864.02 for a single (widowed, divorced or separated, never married) person (annual income of $10,368.24) and $718.42 each for married persons, or a combined income of $1,436.84 for a couple, both aged 65 and over (annual income of $17,242.08).

In 1989/90, provincial expenditures for the Alberta Assured Income Plan were $55.4 million. Expenditures for this program have been dropping since 1984/85 (Table II-8), undoubtedly due to the fact that each year fewer older persons are receiving maximum supplementation. In late 1990, the average benefit paid to AAIP recipients was $45.36 a month, and 15% of the recipients were receiving the minimum benefit of $10 a month.

Alberta Widows' Pension Program (Alberta Family and Social Services). The Alberta Widows' Pension is available to widowed men and women aged 55 through 64 with little or no income. Since this program was initiated in 1983 (Widows' Pension Act), the average number of persons covered monthly has risen from 1,960 in 1983/84 to 3,317 in 1989/90 (Table II-5). The number has been dropping slightly since 1985, probably due to the introduction of the federal Widowed Spouse's Allowance benefit. The 1989/90 provincial expenditures for this program were $8.61 million (Table II-8). Persons receiving the Alberta Widows' Pension (and their dependents) are also eligible to receive the benefits available to seniors, for example, the various health and housing benefits.

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[23] Alberta Assured Income Plan payments are reduced by $.50 for every $1.00 reduction in the Federal Guaranteed Income Supplement payment until the AAIP payment reaches $10.00 a month, the minimum AAIP payment. A pensioner receiving even the minimum GIS payment receives at least $10.00 a month.

TABLE II-5
ALBERTA WIDOWS' PENSION PROGRAM RECIPIENTS
ALBERTA, 1983/84 - 1989/90

Year	Average Monthly Caseload Number	Percentage Change
1983/84	1,960	N.A.
1984/85	3,069	+56.6
1985/86	3,562	+16.1
1986/87	3,435	-3.6
1987/88	3,434	-0.03
1988/89	3,457	+0.7
1989/90	3,317	-4.1

Source: Alberta Family and Social Services.

Alberta Assured Income for the Severely Handicapped and Alberta Social Allowance (Alberta Family and Social Services). There are a small number of seniors who are not eligible for federal or provincial income support programs for persons over age 65, for instance, recent immigrants. There are also seniors with large dependent families. If these seniors are in financial need, they may be able to receive assistance from Alberta Social Allowance or the Alberta Assured Income for the Severely Handicapped (AISH). AISH is dependent on the income and physical/mental status of the recipient, and social allowance benefits depend on income, assets, and need. Tables II-6 and II-7 show the number and gender by age group of senior recipients of these programs from 1986 to 1990 and Table II-8 the annual expenditures.

Persons aged 60 and over made up 6.5% of those receiving Social Allowance, and persons aged 65 and over comprised about 2%. Approximately 5% of persons receiving AISH were age 65+.

TABLE II-6
ASSURED INCOME FOR THE SEVERELY HANDICAPPED RECIPIENTS AGED 65+ BY AGE GROUP AND GENDER ALBERTA, 1986 - 1990

Age	June 1986		June 1988		June 1990	
	Male Number	Female Number	Male Number	Female Number	Male Number	Female Number
65-74	301	164	289	161	280	114
75-84	70	39	56	39	39	29
85+	2	7	5	3	4	2
65+	373	210	350	203	323	145

Source: Alberta Family and Social Services.

TABLE II-7
SOCIAL ALLOWANCE RECIPIENTS* AGED 65+ BY AGE GROUP AND GENDER, ALBERTA, 1986 - 1990

Age	June 1986		June 1988		June 1990	
	Male Number	Female Number	Male Number	Female Number	Male Number	Female Number
65-74	437	527	549	619	604	672
75-84	121	163	162	213	206	240
85+	23	35	15	39	21	42
65+	581	725	726	871	831	954

* Recipient refers to any person in a family unit.

Source: Alberta Family and Social Services.

TABLE II-8
ANNUAL EXPENDITURES FOR PROVINCIAL INCOME SUPPORT PROGRAMS
ALBERTA, 1982/83 - 1989/90
($ Millions)

Year	AAIP	Widow's Pension	Social Allowance for 60+	AISH*
1982/83	$ 64.52	-	$ 16.73	$ 59.69
1983/84	61.44	$ 7.316	17.69	72.76
1984/85	62.72	12.896	18.40	82.27
1985/86	61.68	15.98	19.53	99.77
1986/87	60.54	11.23	21.83	116.15
1987/88	59.74	9.94	23.39	128.50
1988/89	58.45	9.57	26.23	141.69
1989/90	55.47	8.61	29.09	151.08

* Expenditures are for the program as a whole.

Source: Alberta Family and Social Services.

Housing Programs

The housing benefits and programs are designed to achieve the goal of helping seniors maintain their independence, for they assist seniors in meeting the increasing cost of housing and provide safe, comfortable and inexpensive housing alternatives.

Property Tax Reduction Benefits (Alberta Municipal Affairs). All Alberta homeowners automatically have their entire Provincial Education Tax paid by the provincial government and, in addition, senior homeowners, regardless of their need, income or assets, are eligible for the Property Tax Reduction Benefit for seniors. The benefit is the difference between $1,000 or municipal taxes (whichever is less) and the Provincial Education Tax. The Property Tax Reduction Act is the legislative base for this benefit program for seniors.

To be eligible for the Property Tax Reduction Benefit, one must be an Alberta homeowner who is 65 years of age or older, or a widow/widower 60 through 64 years of age whose deceased spouse was 65 years or older and eligible at the time of death, or a widow/widower receiving benefits from the Alberta Widows' Pension Act. In 1989/90, 106,200 benefits were provided for a total provincial expenditure of $68.1 million (Table II-9).

TABLE II-9
PROPERTY TAX REDUCTION, SENIOR HOMEOWNER BENEFITS AND ANNUAL EXPENDITURES, ALBERTA, 1979/80 - 1989/90

Year	Number of Benefits	Expenditures $ Millions
1979/80	64,550	$12.1
1983/84	84,562	48.5
1985/86	90,140	53.8
1986/87	96,013	58.4
1989/90	106,200	68.1

Source: Alberta Municipal Affairs.

Home Improvement Grants -- Seniors' Independent Living Program (Alberta Municipal Affairs). As of January 1990, homeowners aged 65 and over and widowed persons aged 55 through 64, who meet the income requirements (no more than $25,000 annually) and residency requirements (one year in Alberta and three years in Canada), may receive grants from $1,000 to $4,000 for various types of home improvements (one time only grants). The amount of money received depends on one's household income and funding received under the earlier home improvement program.

Up to $700 of this grant may be used to purchase an emergency medical alert unit (see later information on medical alert units).

This program operates under the Department of Municipal Affairs Act, New Housing Grants regulation 204/84, with amendments up to and including 289/89 until December 31, 1993.

From December 31, 1982 to June 30, 1986, the government provided 57,586 grants for a total of $164 million. Prior to this, the provincial government had provided a total of $105 million in home improvement grants to seniors under the Alberta Pioneer Repair Program (1979 to 1982) and the Senior Citizens' Home Improvement Program (1976 to 1979). On July 1, 1986, the program was again changed slightly and renamed the "Seniors' Home Improvement Extension." Between July 1, 1986 and May 30, 1988, $25.8 million was spent on this program (Table II-10).

In January 1990, the Seniors' Independent Living Program began. Expenditures for 1989/90 were $10.5 million. These expenditures included initial funding for the new program, funding for grants provided that fiscal year under the remainder of the Seniors' Home Improvement Program and the Seniors' Home Improvement Extension Program.

TABLE II-10
SENIORS' HOME IMPROVEMENT PROGRAMS
GRANTS AND EXPENDITURES, 1976 to 1988

Program Name	Years	Grants Number	Expenditures $ Millions
Senior Citizens' Home Improvement Program	1976-1979		
Alberta Pioneer Repair Program	1979-1982		$ 105.00
Seniors' Home Improvement Program	1982-1986	57,586	163.96
Seniors' Home Improvement Extension	1986-May 30/88	11,135	25.84

Source: Alberta Municipal Affairs, Housing Division.

Senior Citizens' Home Heating Protection Program (Alberta Transportation and Utilities). Under this program, eligible seniors received an annual rebate of $100 to help defer fuel costs, regardless of the type of fuel used. Homeowners aged 65 and older, persons aged 55 through 64 eligible for the Alberta Widows' Pension, and widows and widowers aged 60 through 64 whose spouses were 65 and older at the time of death were eligible for this program, which expired as of December 31, 1990. Table II-11 shows the annual benefits and expenditures.

TABLE II-11
SENIOR CITIZENS' HOME HEATING PROTECTION PROGRAM BENEFITS AND EXPENDITURES, ALBERTA, 1985 - 1989

Year	Number of Benefits	Expenditures $ Millions
1985	88,000	$ 8.8
1986	92,100	9.2
1987	94,200	9.4
1989	102,742	10.2

Source: Alberta Transportation and Utilities.

Senior Citizens' Renter Assistance Program (Alberta Municipal Affairs). This program, administered under the Property Tax Reduction Act, assists senior citizens in combating the rising cost of rental accommodations. Persons aged 65 and over and some widowed persons (see information under Property Tax), who are renting accommodations through the open market, may receive a grant of $1,200 annually. Those residing in government-subsidized housing may receive $600 annually and mobile homeowners renting the land on which their mobile home is located may receive $1,000. In 1989/90, 46,520 grants were provided for a total provincial expenditures of $47.2 million (Table II-12).

TABLE II-12
SENIOR CITIZENS' RENTER ASSISTANCE PROGRAM GRANTS AND EXPENDITURES, ALBERTA, 1982/83 - 1989/90

Year	Number of Grants	Expenditures $ Millions
1982/83	37,636	$ 36.5
1983/84	39,716	39.0
1984/85	40,958	39.7
1985/86	43,200	42.0
1986/87	45,070	42.8
1989/90	46,520	47.2

Source: Alberta Municipal Affairs.

Seniors' Emergency Medical Alert Program (Alberta Municipal Affairs). Established in January 1990 under the same legislation as that for the Seniors' Independent Living Program, this program provides low and moderate income senior renters (and widowed persons aged 55 through 64) with annual incomes of $25,000 or less with grants of up to $700 to purchase approved medical alert home units from an approved agency. There are also residence requirements (must have resided one year in Alberta and three years in Canada and have lived nine months in rental accommodation in the province).

The program also provides one-time grants up to $20,000 to non-profit groups to help them establish or expand emergency alert networks.

As the program started at the end of the fiscal year 1989/90, there were only 380 recipients in that year for a total expenditure of $15,370. Grants totalling $283,630 were provided to agencies.

Subsidized Apartments for Seniors (Alberta Municipal Affairs). Alberta has subsidized apartments (self-contained units) available for low-income senior citizens. The rent for this type of housing is 25% of the senior's gross monthly income. Such housing assists older people financially and also helps those who find the upkeep of a house too demanding. It can also provide social contacts and support, so that even quite frail persons are able to live independently.

The legislative base for this program is the Senior Citizens Housing Act.

These units, built and owned by the Alberta Government, are managed by municipal foundations and voluntary associations. Annual subsidies for these units (to meet the operating and mortgage costs) are provided by the federal and provincial governments. As of October 1990, these apartments had a vacancy rate of from 6 to 12%.

There are also apartments for older people which were built with one-third grants from the Alberta Mortgage and Housing Corporation (1,351 units in 19 projects in 1988), and there are 514 cottages located on the property of the lodges (see information on lodges). These apartments and cottages are rented for a flat rent which is below the average rent in the private market. Low-rental units for seniors are also available in apartment complexes built by non-profit corporations and private developers. Housing registries for seniors are located in four urban areas: Edmonton, Calgary, Lethbridge and Medicine Hat.

TABLE II-13
SENIORS' SUBSIDIZED APARTMENTS: NUMBER OF PROJECTS, UNITS AND EXPENDITURES, ALBERTA, 1979/80 - 1989/90

Year	Total Projects	Total Units	Expenditures $ Millions
1979/80	149	5,421	$74.2
1985/86	432	13,405	90.0
1987/88	440	13,706	83.4
1989/90	476	14,168	58.8

Source: Alberta Mortgage and Housing Corporation and Alberta Municipal Affairs, Housing Division.

Health Programs and Benefits

The Government of Alberta offers a number of health programs for seniors which ensure that they are not denied access to needed health care for financial reasons. The Alberta Health Care Insurance Plan (AHCIP) covers medical and hospital costs, and seniors, their spouses and dependents (regardless of incomes and assets), do not have to pay AHCIP premiums. Widowed persons aged 55 though 64, receiving the Alberta Widows' Pension, also receive this benefit. It is estimated that the loss of revenue to the province for this premium waiver (based on full premium rate) was $56.2 million in 1989/90.

Community Health Nursing Services (Alberta Health). There are 27 health units in Alberta, administered by boards composed primarily of municipal council members and funded entirely by Alberta Health (Public Health Division). Their staff of community health nurses deliver services to individuals, families and communities, the focus of which is the promotion of health and the prevention of disease.

In 1975/76, a nursing position was funded in each of the 10 health units with the largest percentage of seniors in the population in order to enhance services for older people. It is up to the individual health unit to determine the amount of service to be provided to seniors.

In 1990, seniors received 7% of the community health nurses' direct service time (Table II-14). The percentage of total hours spent by community health nurses in direct service with seniors has scarcely changed over the period of time from 1982 to 1990. It is estimated that the 1990/91 expenditures for services to seniors by community health nurses were $2 million.[23]

TABLE II-14
COMMUNITY HEALTH NURSING SERVICES: NUMBER OF TOTAL DIRECT SERVICE HOURS AND PERCENT OF HOURS SPENT WITH PERSONS AGED 65+, ALBERTA, 1982 - 1990

	1982	1984	1986	1988	1990
Hours Spent in Direct Service with 65+	43,776	45,198	44,306	40,096	30,200*
% of Total Direct Service Time with 65+	7.5%	7%	7%	7%	7%

* Figures for 1990 reflect exclusion of Calgary.

Source: Alberta Health, Community Health Nursing, Alberta Computerized Nursing Activities Reporting System (ACNARS).

Three health units are involved in Seniors' Wellness Demonstration Projects: Chinook Health Unit, Edmonton Board of Health and South Peace Health Unit. The projects evolved in response to Direction #2 from the Report of the Committee on Long Term Care for Seniors entitled "A New Vision for Long Term Care: Meeting the Need," which recommended that "public education and health promotion programs be further developed to enhance the health status of seniors." An evaluation of the demonstration projects is expected to be completed in late 1991.

Alberta Alcohol and Drug Abuse Commission (Chairman reports to the Minister of Health). The Alberta Alcohol and Drug Abuse Commission (AADAC) offers health promotion and treatment services. Any older person requiring treatment may be admitted to the clinic services. However, seniors were, in 1988-89, a very small proportion of the total caseload of AADAC and its funded agencies. It may well be that older persons are reluctant to use these services, or find it difficult to get to these services.

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[23] Information from Alberta Health, Public Health Division, Family Health Services.

In 1988-89, 191 persons aged 65 and over were admitted to AADAC services, 0.6% of the total admissions.[24]

AADAC, in its work with older persons, has concentrated on health promotion and lifestyle education. In 1991, a major prevention package, dealing with the use of alcohol and drugs by older people, will be released.

In early 1991, AADAC also assisted the Seniors Advisory Council and the Alberta Association on Gerontology in planning four community forums on drugs and the elderly, "Energize, Don't Tranquilize." Copies of the proceedings of these forums are available from the Council office.

Medical Services (Alberta Health). The term "medical service" refers to each individual service performed by a physician. This includes consultations and visits, surgery, anaesthesia, radiology, pathology, and other diagnostic and therapeutic services. The use of medical services has been increasing for all age groups in Alberta. While seniors used medical services at a rate almost twice that of the population as a whole, seniors' use of these services increased at a somewhat slower rate than that of the total population. Between 1979/80 and 1989/90, the use of services by seniors increased from 14,829 services per thousand individuals to 20,157 per thousand, an increase of 36%. For the population as a whole, the number of services per thousand increased by 47% (Table II-15).

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[24] Alberta Alcohol and Drug Abuse Commission, Policy and Program Analysis.

TABLE II-15
MEDICAL SERVICES: UTILIZATION BY POPULATION AGED 65+ AND BY ALL AGES, ALBERTA
1979/80 - 1989/90

Year	Age Group	Services Per 1,000 Insured Persons Number	Yearly Percentage Change
1979/80	65+	14,829	
	All	7,580	
1980/81	65+	15,513	4.6
	All	7,768	2.2
1982/83	65+	16,587	-0.6
	All	8,539	0.3
1983/84	65+	17,356	4.6
	All	9,149	7.1
1984/85	65+	18,158	4.6
	All	9,756	6.6
1985/86	65+	19,175	5.6
	All	10,323	5.8
1986/87	65+	19,113	-0.3
	All	10,713	3.8
1987/88	65+	19,357	1.3
	All	10,832	1.1
1988/89	65+	19,544	1.0
	All	10,829	0.0
1989/90	65+	20,157	3.1
	All	11,109	2.6

Source: Alberta Health Care Insurance Plan (AHCIP) Claims File.

Note: The above data consist of fee-for-service items which the AHCIP paid to medical practitioners in Alberta during the years ended March 31, 1980 to 1990 for services which were provided to Alberta residents. The data are compiled on a date-of-payment basis. The services which were paid in a year may not be the same as the services which were provided during the year due to delays in the submission and processing of health care claims. Excluded from the data are any claims paid for services which were provided to: a) Alberta residents by non-Alberta physicians and, b) non-Alberta residents by Alberta physicians.

Table II-16 shows the use of different types of services between 1981/82 and 1989/90. The use of almost all services has increased during this period of time, with the exception of hospital visits which dropped very slightly and special or house visits which essentially stayed the same.

TABLE II-16
MEDICAL SERVICES PER 1,000 INSURED PERSONS AGED 65+, ALBERTA, 1981/82 - 1989/90

Type of Service	Year					Annual Average Percentage Change 1981/82 - 1989/90
	1981/82	1983/84	1985/86	1987/88	1989/90	
Consultations	473	588	674	739	793	6.7
Office Visits	4,670	5,152	5,517	5,963	6,272	3.8
Hospital Visits	3,934	4,247	4,543	4,017	3,914	-0.1
Special Visits	672	667	686	705	673	0.0
Major Surgery	121	146	175	188	220	7.8
Minor Surgery	86	92	106	91	93	1.0
Surgery Assists	68	68	80	84	100	4.9
Anaesthesia	265	311	352	360	433	6.3
Radiology	447	477	533	576	595	3.6
Pathology	3,823	4,544	5,257	5,277	5,547	4.8
Other Diag./ Therapeutic Svcs.	856	1,064	1,252	1,357	1,517	7.4
Total	15,415	17,356	19,175	19,357	20,157	3.4

Source: Alberta Health Care Insurance Plan (AHCIP) Claims File.

Note: See note with Table II-15.

The average cost per individual for the delivery of medical services has also increased (Table II-17). While senior women used a greater number of medical services than senior men, the average cost per person was less for women. This was because women had more office and home (special) visits, and men had more hospital visits, surgery and anaesthesia services -- higher cost services.[25]

TABLE II-17
MEDICAL SERVICES: AVERAGE EXPENDITURES FOR MEN AND WOMEN AGED 65+, ALBERTA, 1979/80 - 1989/90

Year	Men	Women
1979/80	$194.31	$183.71
1980/81	227.48	217.62
1981/82	270.00	256.35
1983/84	377.02	360.71
1984/85	392.83	379.73
1986/87	449.85	438.70
1987/88	459.64	454.02
1988/89	485.28	474.91
1989/90	525.74	514.38

Source: Alberta Health Care Insurance Plan (AHCIP) Claims File.

Note: see note with Table II-15.

Physiotherapy, podiatry, optometry and chiropractic services are also covered under the Alberta Health Care Insurance Plan. Table II-18 shows the amount paid for persons aged 65 and over for these services and the amount paid for seniors as a percentage of the total paid during 1989/90.

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[25] Alberta Health, Alberta Health Care Insurance Plan Statistical Supplement, 1988-89, Table 16, Page 34.

TABLE II-18
PAYMENTS BY THE ALBERTA HEALTH CARE INSURANCE PLAN FOR NON-MEDICAL BASIC HEALTH SERVICES BY DISCIPLINE DURING THE YEAR ENDED MARCH 31, 1990

Health Services	Amount Paid For Residents 65+	Total Amount Paid	Amount Paid for 65+ as Per cent of Total
Physical Therapy	$ 4,257,420	$22,789,708	18.68
Podiatry	1,831,493	3,794,774	48.26
Optometric	1,780,705	15,539,191	11.46
Chiropractic	2,834,892	27,295,641	10.39
Dental	393,331	9,578,365	4.11

Source: Alberta Health Care Insurance Plan (AHCIP) Claims File.

Note: see note with Table II-15.

Extended Health Benefits (Alberta Health). Persons aged 65 and over and their dependents covered under the Alberta Health Care Insurance Plan are eligible for Extended Health Benefits. Until 1988, partial costs of eyeglasses and dental care were covered through a program of Alberta Hospitals and Medical Care, and the cost of hearing aids, medical and surgical supplies and rehabilitation equipment was covered up to established amounts through a program of Alberta Community and Occupational Health. These departments have been combined, and the two programs are now (as of 1990) funded by Alberta Health.[26]

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[26] As of May 1, 1991, Alberta Health will cover 80% of the approved schedule of payments for eyeglasses, dental care and dentures. As of July 1, 1991, that part of the Extended Health Benefits Program which supplies hearing aids, medical and surgical supplies and rehabilitation equipment is being combined with the Aids to Daily Living Program. Seniors will pay the first 25% of the cost of a benefit they receive up to a maximum of $500 per family a year, unless they are receiving the Guaranteed Income Supplement or the Alberta Widows' Pension Program. These individuals will continue to receive benefits at no cost.

The legislative base for these benefit programs rests with two acts: the Public Health Act, Alberta Aids to Daily Living and Extended Health Benefits Regulation and the Alberta Health Care Insurance Plan Act.

As might be expected, both the number of persons receiving these benefits and the expenditures have been increasing (Tables II-19 and II-20).

TABLE II-19
EXTENDED HEALTH BENEFITS (DENTAL CARE, OPTOMETRISTS AND OPHTHALMIC DISPENSERS): NUMBER OF PATIENTS AND EXPENDITURES, ALBERTA, 1976/77 - 1989/90

Year	Patients	Expenditures $ Millions
1976/77	75,322	$8.45
1980/81	103,912	14.82
1984/85	117,263	25.35
1986/87	140,619	33.05
1989/90	131,892	40.00

Source: Alberta Hospitals and Medical Care, Health Care Insurance Commission, Annual Report, for the Year Ended June 30, 1977; Health Care Insurance Plan, Annual Report for the Year Ended March 31, 1981; Annual Report, 1984-85, 1986-87; 1989/90. Alberta Health.

TABLE II-20
EXTENDED HEALTH BENEFITS (HEARING AIDS, MEDICAL AND SURGICAL SUPPLIES AND REHABILITATION EQUIPMENT): NUMBER OF CLIENTS AND EXPENDITURES
ALBERTA, 1978/79 - 1989/90

Year	Expenditures ($ Millions)	Clients (Thousands)
1979/80	$ 6.1	(not available)
1980/81	8.0	36
1981/82	10.4	38
1982/83	16.5	40
1983/84	20.7	49
1984/85	16.6	47
1986/87	20.2	52
1987/88	24.3	60
1988/89	25.7	60
1989/90	33.1	71

Source: 1979/80 - 1985/86, Alberta Community and Occupational Health, Aids to Daily Living Program; 1986/87 - 1989/90, Alberta Health, Aids to Daily Living Program.

Blue Cross Benefits (Alberta Health). Senior citizens, their spouses and their dependents are also provided with a Blue Cross benefit package (at no charge) which covers 80% of the cost of prescription drugs, the cost of ambulance charges to and from hospitals, and some other services. This benefit is also available to widowed persons aged 55 through 64 receiving the Alberta Widows' Pension (and their dependents). The legislative base for this benefit is the Alberta Health Care Insurance Plan. Alberta Blue Cross is reimbursed by the Alberta Health Care Insurance Plan for claims expenditures and associated administrative costs.

In 1989/90, 264,213 persons were covered under this benefit plan (Table II-21). The estimate of cost to the government for the waiver of the premium payments (based of full premium rates) was $26.8 million. The 1989/90 net benefit expenditures were $109.8 million.

TABLE II-21
ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP
SENIORS AND WIDOWS' PENSION RECIPIENTS
ALBERTA, 1985 - 1990

Year	Persons
1985	223,753
1986	232,096
1987	240,050
1989	264,213

Source: Alberta Hospitals and Medical Care: Statistical Supplement, Alberta Health Care Insurance Plan, 1986-87; 1989/90, Information from Alberta Health.

General Hospitals (Alberta Health). As of March 31, 1989, there were 128 general hospitals in Alberta: 126 public general hospitals and two federal general hospitals. They had a total of 13,670 beds, excluding bassinets but including some long term care beds.

In 1988/89, older persons used a greater proportion of general hospital patient days (39.3%), and made up a larger proportion of the separations -- that is patients discharged -- 22.1%, than their proportion in the general population (Table II-22). This represented a very slight decrease from 1986/87, when the percentage of patient days used by seniors was 40.6%; the percentage of separations for this age group stayed the same.

TABLE II-22
GENERAL HOSPITALS: SEPARATIONS, DAYS STAY, AND AVERAGE LENGTH OF STAY BY GENDER AND AGE GROUP
ALBERTA, 1988/89

Age and Sex		Separations		Days Stay		Average Length of Stay (Days)
		Number	Per cent	Number	Per cent	
0-64	Male	137,481		992,604		7.22
	Female	201,795		1,175,397		5.82
	Total	339,276	78.8	2,168,001	60.7	6.39
65-74	Male	22,184		261,611		11.79
	Female	20,805		286,265		13.76
	Total	42,989	10.0	547,876	15.3	12.74
75-84	Male	16,652		254,459		15.28
	Female	18,417		319,395		17.34
	Total	35,069	8.1	573,854	16.1	16.36
85+	Male	5,589		108,132		19.35
	Female	7,517		174,665		23.24
	Total	13,106	3.0	282,797	7.9	21.58
Total 65+	Male	44,425		624,202		14.32
	Female	46,739		780,325		16.56
	Total	91,164	21.2	1,404,527	39.3	15.41
Total All Ages	Male	181,906		1,616,806		8.89
	Female	248,534		1,955,722		7.87
	Total	430,440	100.00	3,572,528	100.00	8.30

Source: Alberta Health, Morbidity File - 1988/89.

The average length of stay of 15.41 days for seniors was more than twice that of persons under age 65 (6.39 days), and the average length of stay increased with age to 21.58 days for persons aged 85 years and over. While seniors obviously did use general hospitals more than younger people, the separations and average length of stay data indicate that it was not so much a matter of a large number of older *individuals* using the general hospitals, but rather that, once in hospital, they stayed on the average much longer than younger persons.[27]

The average length of stay for persons aged 65 and over decreased *very* slightly between 1980/81 and 1988/89, from 16.2 days to 15.41 days, and decreased somewhat more for people of all ages, from 8.2 days to 6.39 days.

"Diseases of the circulatory system" was the major reason for hospitalization of the elderly, accounting for the largest percentage of the separations and the largest percentage of the patient days used. This was followed by "diseases of the digestive system" (Table II-23). These proportions were relatively consistent with those in 1983/84.

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[27] It would be interesting to determine how many older *individuals* used the over one million hospital bed days in 1988/89. It is estimated that, in Ontario in 1976, 10.4% of the patients aged 65 and over used 39.7% of the patient days (Gross, M.J. and C. W. Schwenger, *Health Care Costs for the Elderly in Ontario, 1976-2026*, Toronto, Ontario Economic Council, 1981.) A University of Manitoba research study has demonstrated that a very small proportion of the elderly consume most of the hospital bed days used by those aged 65 and over (Alberta Hospital Association, *Canada's aging population: "Crisis" or Commitment?* Presidential Paper, Edmonton, Alberta, 1986).

TABLE II-23
GENERAL HOSPITALS: SEPARATIONS, DAYS STAY, AND AVERAGE LENGTH OF STAY FOR PATIENTS AGED 65+ BY MAJOR DIAGNOSTIC CATEGORY, ALBERTA, 1988/89

Type of Disease	Separations		Days Stay		Average Length of Stay (Days)
	Number	Percent	Number	Percent	
Diseases of the Circulatory System	19,878	21.8	290,666	20.7	14.62
Diseases of the Digestive System	10,979	12.0	100,981	7.2	9.20
Diseases of the Respiratory System	8,991	9.9	113,917	8.1	12.67
Injury and Poisoning	7,371	8.1	123,935	8.8	16.81
Other	43,945	48.2	775,028	55.2	17.64
Total	91,164	100.00	1,404,527	100.00	15.41

Source: Alberta Health, Morbidity File 1988/89.

In 1988/89, the operating expenditures (preliminary estimate) for active treatment hospitals were $1,738.9 million (Table II-24).

TABLE II-24
GENERAL HOSPITALS: OPERATING EXPENDITURES
ALBERTA, 1980/81 - 1988/89

Year	Expenditures $ Millions
1980/81	$ 650.8
1981/82	828.4
1982/83	1,105.1
1983/84	1,200.5
1984/85	1,228.8
1985/86	1,408.4
1986/87	1,517.3
1987/88	1,527.1
1988/89	1,738.9 (p)

p - preliminary

Source: Alberta Hospitals and Medical Care, Annual Reports: 1980-81, 1981-82,1982-83, 1983-84, 1984-85; Hospital Care in Alberta Statistical Supplements, 1986/87, 1987/88. The preliminary data for 1988/89 have been obtained from the Hospital Annual Returns File, Alberta Health.

Community Support, Recreational and Educational Programs

A number of programs are offered which are intended to help maintain and enrich the lives and well-being of seniors. These programs are primarily used by seniors who are "well." It is believed that this type of program helps to prevent unnecessary disability or dependency in the later years of life.

Federal New Horizons Program and Seniors Independence Program (Health and Welfare Canada). The New Horizons Program provides funding for groups of retired persons (10 or more per group) to carry out projects of their choosing. The projects are generally of a social, recreational, cultural, historical, or service nature. In recent years, grants for service activities such as friendly visiting and telephone reassurance have become more common. Table II-25 shows the number of New Horizons projects and expenditures from 1978/79 to 1989/90.

TABLE II-25
NEW HORIZONS: NUMBER OF PROJECTS AND FUNDING ALBERTA, 1978/79 - 1989/90

Year	Number of Projects	Funding $ Thousands
1978/79	126	$ 703
1979/80	142	774
1980/81	143	876
1981/82	141	839
1982/83	139	866
1983/84	138	913
1984/85	141	898
1985/86	122	853
1986/87	134	700
1987/88	108	554
1988/89	151	993
1989/90	155	1,136

Source: Health and Welfare Canada, New Horizons Program.

The Seniors Independence Program (SIP) was established by the federal government in April, 1988. The following information is from a recent report on the Seniors Independence Program:

> The Program enables seniors, acting on their own behalf and in collaboration with others, to increase their independence and quality of life. The involvement of seniors in decisions which affect them is one of the key principles of SIP. As well, the Program gives priority to those seniors most in need. Established priorities include senior women, seniors living in rural or remote areas, and seniors less advantaged due to life's circumstances.[28]

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[28] Health and Welfare Canada, Seniors Independence Program: Today's Projects - Enhancing the Future, 1988-1989, 1989-1990, page 5.

From 1988/89 to 1990/91, 24 projects were funded in Alberta, for a total of $3.009 million. The projects related to: seniors in rural areas; ethnic seniors; Alzheimer's disease; caregiving; housing; training of staff concerning drug, alcohol and medication use by the elderly; education and awareness; and improved community resources. Details about each specific project are contained in the above report, copies of which are available from the Program office in Edmonton, 850-9700 Jasper Avenue, T5J 4C3.

Educational Opportunities (Alberta Advanced Education). Four ministerial special purpose grants have been provided for special seniors' programs; in 1990/91, the following:

University of Alberta	$30,174
University of Calgary	$28,660
Kerby Centre, Calgary	$31,904
Calgary Seniors' Educational Partnership	$31,904

In addition, the Calgary Seniors' Educational Partnership received a special project grant of $45,000 from the Community Programs Branch of Alberta Advanced Education in 1990/91.

Sport and Recreation Programs (Alberta Recreation and Parks). The Alberta Sport Council supports the Seniors Games which are held every second year. A grant is provided to the Alberta Senior Citizens Sport and Recreation Association (see Section III) which administers the Games. The 1988 Seniors Games cost approximately $300,000. The Senior Citizens Sport and Recreation Association also receives a basic annual administration grant from Alberta Recreation and Parks.

Alberta Recreation and Parks (as of 1990) provides leadership clinics and promotes the importance of fitness and leisure activities, and many municipal recreation departments have some special programs for seniors. Some funding is provided (as of 1990) for seniors' projects through the Community Recreation/Cultural Grant Program, a program of the department which is administered through the municipalities.

Family and Community Support Services (FCSS) (Alberta Family and Social Services). Family and Community Support Services (FCSS) is a joint funding and community development program of Alberta Family and Social Services (until February 1990 of Alberta Health) and municipalities. The provincial department provides per capita grants to the municipalities in the (as of 1990) 146 FCSS programs. More than 270 municipalities are involved in FCSS programs; in the rural areas several municipalities often join together in one program.

Although not all municipalities participate in FCSS programs, it is estimated that about 90% of Alberta's population resides within FCSS program boundaries.

The FCSS Program started in 1966 as the Preventive Social Services Program. In 1981, following a review of the Program, the Preventive Social Services Act was replaced by the Family and Community Support Services Act.

Grants from Alberta Family and Social Services provide up to 80% of the funds for the local programs, with the remainder of the funds raised locally. The 1989/90 provincial expenditures for the program were $32.8 million (in 1986/87, $31.3 million).

The municipalities are responsible for organizing, operating and evaluating their FCSS programs. They determine what services to provide, for whom and how. FCSS funds can be used for a variety of community programs, but not for recreational or rehabilitative programs or for direct financial assistance.

Because the responsibility for FCSS programs rests with the municipalities, detailed program information is not collected centrally. Therefore, it is not possible to have exact information about the extent of FCSS programming relevant for seniors. However, the provincial staff of the FCSS program estimate that, in 1989/90, about 25% of the FCSS funding was devoted to services used to a large extent by seniors, services such as home support and senior centres which provide services as well as recreational and social activities.

In early 1990, an informal review of the FCSS central office files (done by the then Senior Citizens Secretariat) indicated that the greatest amount of FCSS funding for services used by seniors was for home support initiatives (approximately 70%); senior citizens centres received about 23%.

The Family and Community Support Services Association of Alberta, a voluntary organization of FCSS boards and committees, published a directory of FCSS services in 1990 which were reported by 100 FCSS boards/committees. In reviewing these it was found that 62 boards/committees reported that they were providing services for "retired persons:" social, recreational; coordination; elders' worker; and outreach/visiting.

In addition, 79 listed some form of home support services -- homemakers, handyman, meals-on-wheels, emergency response, transportation, and shopping. Seventy-one reported providing information and referral services, and 36 reported providing counselling services. While these services are not just for seniors, it is presumed that, in the case of the home support services in particular, they are used primarily by seniors.

Transportation Service (Alberta Transportation and Utilities). The provincial government, through the Alberta Partnership Transfer Program, as of 1990/91, assists municipalities in the development of specialized transportation services for senior citizens and the handicapped. Unconditional grants are provided to cities, towns, villages, municipal districts, counties, improvement districts and special areas; the yearly senior/disabled transportation grant is $3.03 per capita. Because this grant is unconditional, the amount actually spent on senior/disabled transportation may be more or less than the amount earmarked by the department. The funds may be used to establish or assist in the establishment of a particular transportation service or the direct subsidization or upgrading of existing taxi/transportation services. Table II-26 shows the program expenditures from 1986/87 to 1989/90.

TABLE II-26
EXPENDITURES FOR TRANSPORTATION GRANTS, ALBERTA, 1986/87 - 1989/90

Year	Expenditures $ Millions
1986/87	$6.8
1987/88	6.8
1988/89	6.9
1989/90	6.9

Source: Alberta Transportation and Utilities.

Senior Centres. In 1990, there were 296 senior centres in Alberta which were willing to have their names and addresses on a list of senior centres prepared by the Seniors Advisory Council for Alberta. A senior centre was defined by the Council as a group of seniors meeting at least six hours per week in the same location. Generally, the centres were registered societies of seniors with elected boards. Most centres offered social and recreational activities and some, in addition, had sport and educational programs.

Most senior centres were financially independent and raised their own funds, but some were also assisted by Family and Community Support Services (FCSS), New Horizons, other government grants, service clubs and private donations.

A few of the larger ones were offering service activities such as information and referral, visiting and outreach to more isolated older people, meals, meals-on-wheels, and home handyman services. These "multi-purpose" senior centres are intended to be community focal points where seniors can take part in programs and activities which enrich their lives and support their independence. Even seniors who are ill or house-bound benefit from these programs, in that the service activities are often aimed at helping and supporting these seniors.

As well as senior centres, there were an additional identified 59 small-scale senior groups. These groups were meeting infrequently, and some were social clubs in seniors' housing complexes. While these groups are less active than senior centres, they still meet important social needs.

Information about the senior centres in Alberta is available in the report of a 1988 survey of senior centres carried out by the then Alberta Senior Citizens Secretariat, assisted by the Senior Consultants Program of the Alberta Council on Aging. The survey consisted of a mailed questionnaire (response rate 77%) and telephone interviews. Almost all the centres were registered societies, and half of them owned their own facilities; 35% had paid staff. The vast majority saw their centre's most important role as providing social contact and activities for seniors; however, slightly more than half did offer some services as well as recreational and social activities. Copies of this survey report are available from the office of the Seniors Advisory Council for Alberta.

B. SERVICES FOR OLDER PERSONS WITH SPECIAL NEEDS

Some older persons have functional limitations (physical and/or mental) which hinder their ability to carry out the crucial tasks of daily living. Some also have chronic illnesses which require medical and nursing care. Many of these seniors receive help from families and friends, and some through organized services provided by municipal governments and local boards, voluntary organizations and private enterprise. Although there is some voluntary funding for these services and in some instances people pay in whole or in part for the services provided, the greatest source of financial support is public funding.

This section of the report describes the development, in Alberta, of a system of services for older persons with special needs. It provides details on the specific services, both community and facility-based, which are often called continuing or long term care services (home care, day programs and long term care centres). It also describes the use by seniors of the services, both community and facility-based, provided by the Mental Health Services Division of Alberta Health. Sheltered housing programs (lodges and unique homes) are included in this section, as is a description of the Office of Public Guardian as it relates to older people.

The System of Services for Older People with Special Needs

Introduction. As the result of recommendations made to the provincial government by the Seniors Advisory Council (then the Provincial Senior Citizens Advisory Council), the Nursing Home Review Panel (March 1982), the Report of the Committee on Long Term Care for Senior Citizens (1988), and other briefs and reports, a system of services for people with special needs for assistance and care is being developed. This system coordinates the planning and delivery of home care, day programs and long term care centres (nursing homes and auxiliary hospitals) and other long term care services. While these services are called "continuing care" or "long term care" services, it should be noted that they are also available, on occasion, on a short-term basis.

In 1984, the provincial government established the Interdepartmental Committee on Long Term Care which, as of 1990, consisted of civil servants from Alberta Health, Alberta Municipal Affairs (Housing Division), Alberta Family and Social Services and a staff representative from the Seniors Advisory Council for Alberta. These departments, with the exception of Alberta Family and Social Services, are responsible for the long term care services for older (and younger) people with special needs and for the lodges (a sheltered housing program), services which are delivered by local boards with varying degrees of autonomy.

With the cooperation and involvement of the two local boards, the Alberta Hospital Association, the Health Unit Association of Alberta and the Alberta Long Term Care Association, the Interdepartmental Committee on Long Term Care developed and pilot-tested, from 1986 to 1988, a "single point of entry" model for coordinated assessment and placement services for long term care in two areas of the province (the Foothills Health Unit and the region covered by Carewest or

District #7). The model is described in the paper, "An Assessment/Placement Model for Long Term Care Services," October 1984 (edited January 1985), prepared by the committee.[29]

Also developed and tested were an assessment and placement tool, the Alberta Assessment and Placement Instrument (AAPI), and a patient classification tool. The assessment tool assists in determining the package of services needed by an individual, and where those services should be delivered (at home or in a facility). This is done in conjunction with the applicant and, when appropriate, his/her family. The patient classification tool is used to determine the nursing care requirements of residents of facilities, so that the funding of the facilities can be related to these care needs.

In February 1988, a report, "A New Vision for Long Term Care--Meeting the Needs," was released. This report was prepared by a government-appointed committee chaired by Dianne Mirosh, MLA. It recommended the province-wide implementation of the single point of entry, as well as a number of other directions for long term care services in Alberta. Some, but not all, of the directions mentioned were: the expansion of community services, the development of day programs, respite care programs, health promotion programs and special housing.

The single point of entry is now (1990) being implemented on a voluntary basis throughout Alberta. The AAPI is being used as the assessment tool, and the patient classification tool is being used as nursing homes and auxiliary hospitals are integrated into long term care centres and funded on the basis of their "case-mix index" (see the section on long term care centres for further information about this).

The implementation of the single point of entry system is a major step toward the development of a system of services for older (and younger) persons with special needs. It means that no one will be admitted to a long term care centre/facility until he or she has been assessed by home care staff and it has been determined (and agreed to by the individual in need) that the best place for him or her to receive services is in such a facility. In other words, admission to a long term care centre will not be considered until all available community resources have been explored.

The contact points for the single point of entry are the offices of the Coordinated Home Care Program throughout the province. All attempts are being made to assist people to remain in their own homes whenever possible (see the section on home care for further details about assessment and case coordination).

Gradually, regional committees are being established in connection with the single point of entry system, with the expectation that these committees will assume planning and coordinating functions.

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[29] Copies of the paper are available from the office of the Seniors Advisory Council.

Alberta Health is implementing a number of major initiatives, many of which are described in the following pages. A three-year implementation plan has been prepared, copies of which are available from the department.

Coordinated Home Care Program/Community Long Term Care (Alberta Health). The Coordinated Home Care Program, funded entirely by Alberta Health, is a major component of the continuing or long term care system in Alberta. It is administered by the 27 health units, local boards consisting of municipal council members (and in Edmonton and Calgary some non-elected persons), appointed by the Minister of Health from the geographic area of the health unit. The Public Health Act, Coordinated Home Care Regulation is the legislative base for the program.

The Home Care Program is responsible for assessing all people in need of continuing care services, using the Alberta Assessment and Placement Instrument (AAPI). This assessment process enables the home care coordinator and individual/family to determine what services can best meet the individual's needs, and whether or not these services can be provided in the person's own home. If it is felt by the home care coordinator and by the individual involved that care in a long term care centre/facility is the best alternative, then a referral for this type of service is made.

Case coordination is an integral part of the Home Care Program. In addition to considering and possibly providing services offered through the Home Care Program, the home care coordinator must know other services available within a community (both public and private services). She or he needs to consider with the individual and the family (if appropriate) what services they can offer and, working with the individual/family, develop a plan. The case coordinator also provides information and referral to other community resources.

The basic services provided by home care include nursing, personal care and homemaker services. Optional services may include physiotherapy, occupational therapy, speech therapy, respiratory therapy, nutrition counselling, heavy housework, handyman services, meals-on-wheels, friendly visiting, temporary use of certain equipment, dressings, medications and transportation services (volunteer services). Following a two-week period, clients pay a small fee of $2.00 an hour up to a maximum of $300 a month for the support services (except for those who receive the Guaranteed Income Supplement, the Alberta Widows' Pension or Social Allowance).

The Coordinated Home Care Program started in 1978. Its growth is evident from data on its increased utilization and funding (Table II-27). Since 1980, the average caseload and funding have increased fourfold. Figure II-3 shows the percentage increases in funding, caseload and types of services offered between April 1988 and March 1990. Home support services had the greatest percentage increase. In 1989/90, home support services made up 51% of the services provided by the Coordinated Home Care Program (Figure II-4).

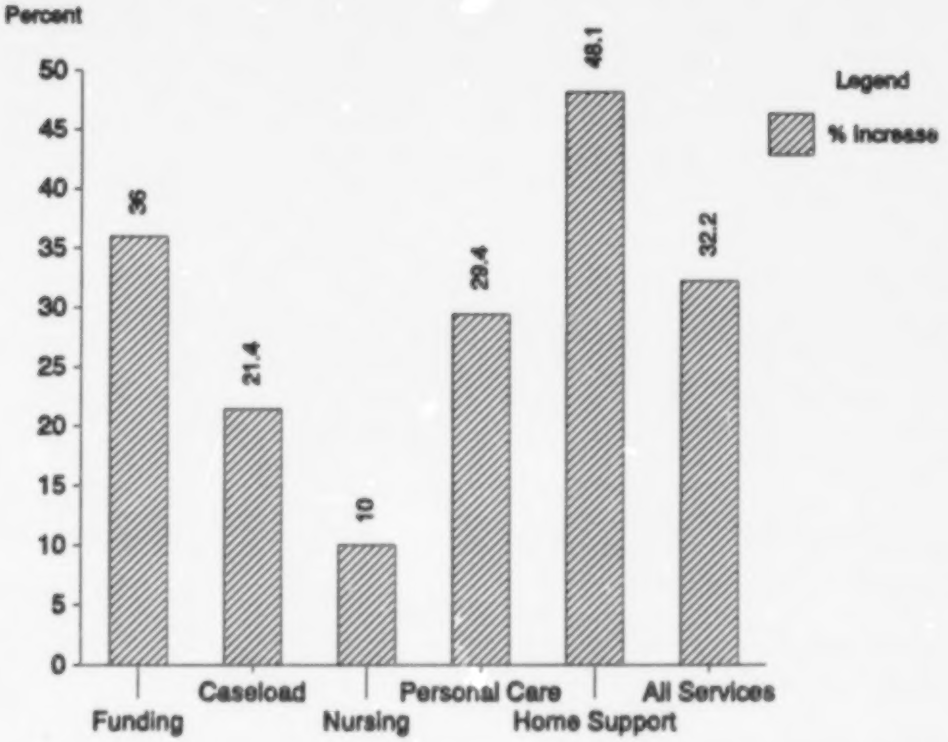
TABLE II-27
COORDINATED HOME CARE PROGRAM: UTILIZATION AND FUNDING, ALBERTA, 1980/81 - 1989/90

Year	Average Monthly Caseload	Funding* ($ Millions)
1980/81	4,883	$10.5
1981/82	6,497	14.7
1982/83	7,192	16.5
1983/84	7,047	17.3
1984/85	7,763	23.7
1985/86	10,450	26.1
1986/87	11,316	31.9
1987/88	14,926	31.3
1988/89	15,469	36.2
1989/90	18,776	42.7

* Represents total annualized funding.

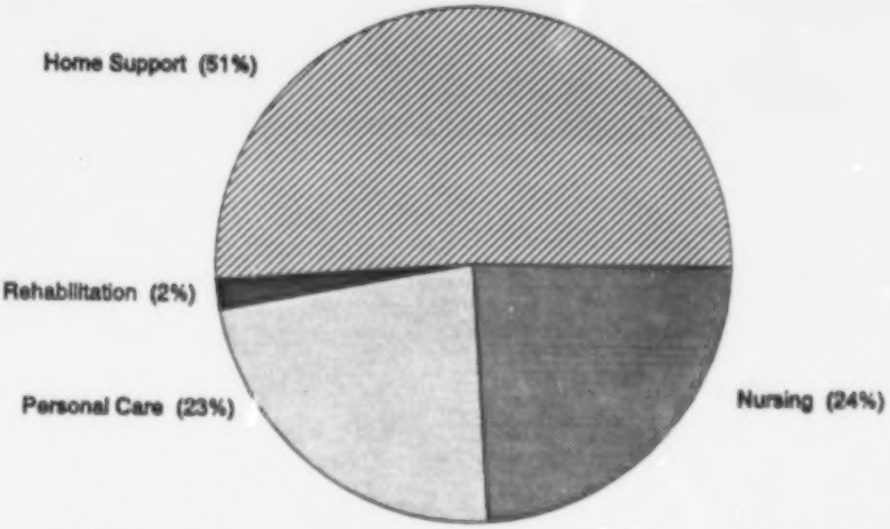
Source: Alberta Health, Coordinated Home Care Program.

FIGURE II-3
COORDINATED HOME CARE PROGRAM: PERCENTAGE INCREASE BETWEEN 1988 AND 1990 IN FUNDING, CASELOAD AND SERVICES ALBERTA, 1990



Source: Alberta Health, Coordinated Home Care Program.

FIGURE II-4
COORDINATED HOME CARE PROGRAM
CLIENT SERVICES, ALBERTA, 1989/90

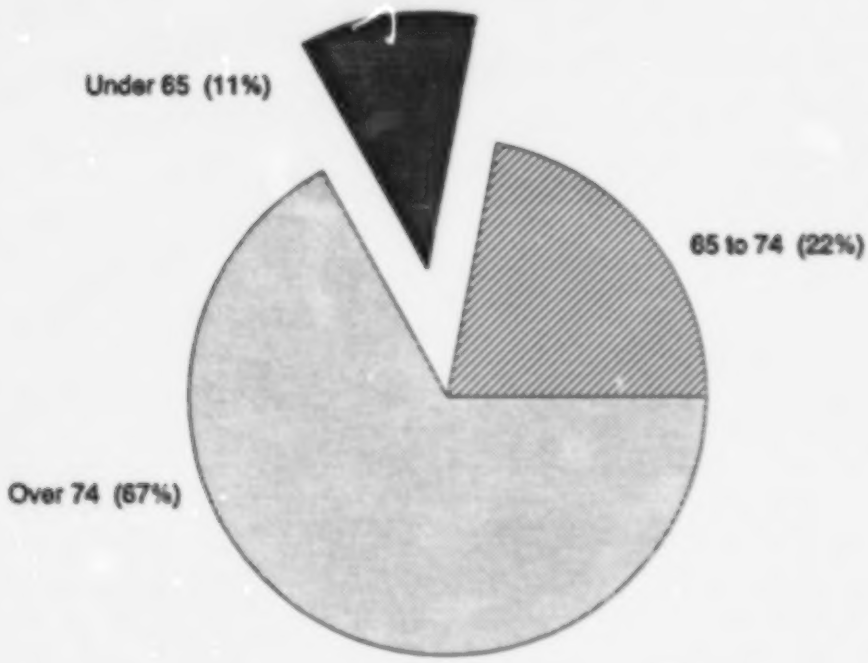


Not included: assessment & case coordination

Source: Alberta Health, Coordinated Home Care Program.

The majority of home care clients have always been older people. Figure II-5 shows the distribution of clients by age group. Persons aged 65 and over were 90% of the clients in 1989/90, the largest percentage being persons aged 75 and over (Table II-28).

FIGURE II-5
COORDINATED HOME CARE PROGRAM
AGE DISTRIBUTION OF CLIENTS, ALBERTA, 1990



Source: Alberta Health, Coordinated Home Care Program.

TABLE II-28
COORDINATED HOME CARE PROGRAM
CLIENTS AGED 65+ BY AGE GROUP, ALBERTA, 1987 AND JULY 1990

Groups	Clients Number		Per cent of Total Caseload	
	1987	1990	1987	1990
65-74	3,597	4,107	23.5	22.0
75-84	6,171	8,005	40.3	43.0
85+	3,550	4,835	23.2	26.0
65+ Total	13,318	16,947	87.0	90.0

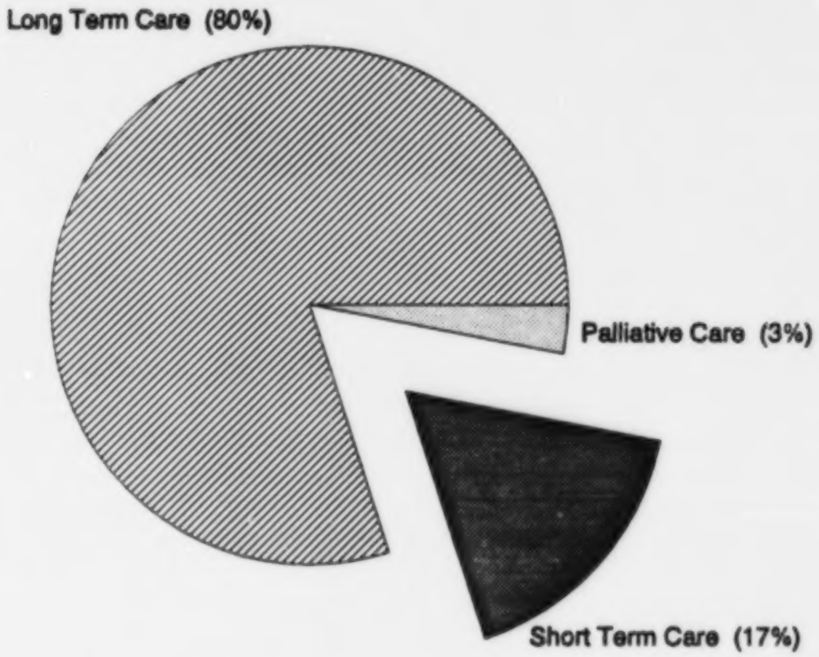
Source: Alberta Health, Coordinated Home Care Program.

Clients were referred by physicians, by themselves, by family members or friends, or by staff of facilities. Most were in private dwellings or in general hospitals when referred. In 1989/90, the largest proportion of persons discharged from the program were discharged because they no longer needed the service or because they or their families could manage the care.

As of July 1990, of the 18,749 persons receiving home care services, 90% of whom were seniors, 73.9% were living in private dwellings, 8.36% in seniors' apartment housing, 13.75% in lodges, 0.54% in a designated handicapped facility, and 0.79% other (2.65% information missing). There was quite a variation among health units in the locations of clients. For example, the Vegreville Health Unit had a high percentage of clients living in lodges, in contrast to Calgary and Edmonton where only about 3% of the clients were in lodges.

Persons receiving long term care services were the largest proportion of home care clients in 1989/90, 80%. The Program also provided short-term care and palliative care (Figure II-6).

FIGURE II-6
COORDINATED HOME CARE PROGRAM
CASELOAD BY TYPE OF CARE, ALBERTA, 1990



Source: Alberta Health, Coordinated Home Care Program.

Other Support Services. A number of important home-delivered support services for frail, older persons are funded through the Family and Community Support Services Program (FCSS). These programs are dependent on municipal initiative (see the description of FCSS programs in the section on General Programs). In many instances, the Coordinated Home Care Programs contracted with the FCSS programs for these services, which are so crucial in meeting the needs of elderly persons who are frail and disabled. Often the ability of an older person to live "independently" depends on the availability of these non-medical services.

There are also, as of 1990, in the cities, a number of nursing and support services provided by private enterprise.

Adult Day Programs (Alberta Health). Adult day programs encompass both day hospitals and day support programs. The general purpose of day hospitals is to provide intensive assessment and rehabilitation services, usually on a short-term basis, to persons with physical and/or mental disabilities who are in need of diagnosis, treatment and rehabilitation. The general purpose of day support programs is to maintain people at their optimum level of functioning, and the programs may include planned social and recreational activities, personal care and health surveillance. Adult day programs also assist families who are caring for older persons with physical and/or mental disabilities by providing a period of relief from care (respite care). Both programs may delay or even prevent institutionalization.

Adult day hospital programs operating in Dickinsfield (Edmonton), Crossbow and Glenmore Park (Calgary) long term care centres provide health services to frail or chronically disabled older and younger persons. The day hospital program at Edmonton General Hospital (Youville) provides assessment and short-term treatment, while the one at the Fanning long term care centre in Calgary assists older people who have affective disorders. Each of these day hospital programs includes a treatment component as well as providing socialization and recreation services.

The adult day support programs funded in 1989/90 by Alberta Health included the Allen Gray Auxiliary Hospital and the Good Samaritan Long Term Care Centre (Southgate) programs in Edmonton, which are operated by the Victorian Order of Nurses. A day support program was operating at, and administered by, the Kerby Centre, a senior centre in Calgary. This program was funded by the Public Health Division of Alberta Health. These programs provide health maintenance services as well as meeting recreation, social and nutrition needs. Alberta Health, Public Health Division was also supporting, in conjunction with the City of Edmonton Family and Community Support Services (FCSS) Program, the Edmonton Adult Day Support Program, a social day program operating in various locations, which meets the social and recreational needs of frail older persons.

As of 1990, participants generally did not pay a fee for day hospital attendance, but did pay a small fee (up to $10 a day) for attendance at a day support program.

In 1990/91, Alberta Health developed guidelines for adult day programs (available from the department), solicited proposals and is now funding the following pilot programs: two day hospitals, one at Medicine Hat Regional Hospital and one at St. Michael's Hospital in Lethbridge; six day support programs (Vegreville Auxiliary Hospital and Nursing Home, Thorhild-Westlock Auxiliary Hospital and Nursing Home, Mountain View Health Care Centre in Didsbury, Foothills Health Unit in High River, Victorian Order of Nurses in Lethbridge, and the Alzheimer's Society in Calgary--Club 36).

The Mental Health Division of Alberta Health operates some day programs in connection with its long term care (extended care) centres (for information on these see Mental Health Services).

Sheltered housing--lodges (Alberta Municipal Affairs. Lodges are residential facilities providing room and board to senior citizens who do not wish to (or cannot) handle their own housekeeping. The provincial government (as of 1990, Alberta Municipal Affairs, Housing Division, formerly, the Alberta Mortgage and Housing Corporation) builds the lodges which range from 30 to 125 beds in size; 58 municipally-appointed boards, called foundations, are responsible for the management and selection of tenants. Municipalities are also responsible for the operating deficits, although above a certain deficit level some funding is available from the provincial government.

The legislative base for the lodge program is the Senior Citizens Housing Act.

As of 1989/90, Alberta had 138 lodges with 6,943 beds and 6,137 residents. There were also 514 cottage units on the grounds of the various lodges. Since the beginning of the lodge program in 1959, a total of 7,959 beds have been built. However, a number of the double rooms in older lodges are being converted to single rooms, as older people are increasingly expressing a preference for private accommodation.

Lodges are located primarily in the rural areas of the province. There are relatively few in Edmonton and Calgary in proportion to the senior population in these cities.

In January 1990, the overall vacancy rate in lodges was 10.5%. Increased income support, increased subsidized apartment housing and community social and health programs for seniors may well have had an effect on the use of lodges, resulting in some vacancies. Some lodges had fairly large numbers of vacancies; others had waiting lists.

There have been several surveys and reports on the lodge program. The most recent survey was conducted in 1986.[29] It found that the average age of residents was 81.3 years. Figure II-7 shows the change in age distribution between 1978 and 1986.

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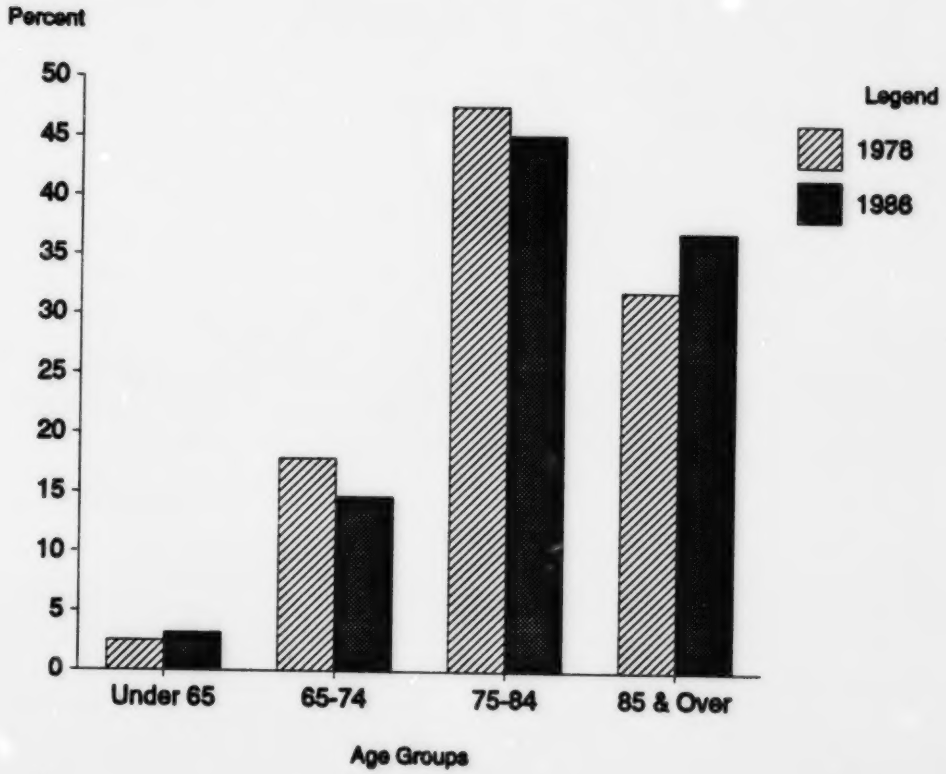
[29] Alberta Mortgage and Housing Corporation. Summary Findings: Senior Citizen Lodge Program Review. November 1987.

FIGURE II-7
COMPARISON OF THE AGE DISTRIBUTION OF LODGE RESIDENTS, ALBERTA, 1978 AND 1986



Source: Alberta Mortgage and Housing Corporation, Summary Findings: Senior Citizen Lodge Program Review, November 1987.

At the time of the 1986 survey, women were 60.4% of the residents; 84.5% of the residents were widowed, never married, divorced or separated. Sixty-three percent were receiving income supplementation, as compared with 48% of seniors in the province as a whole for that year.

Prior to coming to the lodge, 65% had been living with a spouse or living alone, 19% had been living with other family members; 54% had been living in their own homes; 11.7% had been renting accommodations privately and 8.8% renting a senior citizen's apartment. Table II-29 shows the reported reasons for entering or vacating a lodge.

TABLE II-29
REASONS FOR ENTERING AND VACATING A LODGE, ALBERTA, 1986

Reason		Per cent
A.	*Reasons for Moving into a Lodge*	
	Minor health problems	35.8
	Inability to maintain home	19.0
	Loneliness	13.3
	Problems preparing meals	9.1
	Inadequate support of friends/relatives	7.6
	Other	15.2
B.	*Reasons for Vacating a Lodge*	
	Greater medical care required	37.66
	Death	23.91
	Greater personal care required	8.15
	Improved functioning	5.47
	Nearer family/friends	4.56
	Greater supervision required	3.35
	Offensive behavior	2.55
	Seasonal	1.52
	Other reasons	12.83

Source: Alberta Mortgage and Housing Corporation, Summary Findings: Senior Citizen Lodge Program Review, November 1987.

In 1986, 25% of the residents used physical aids, the major one being a cane, and 52% of the residents were receiving some personal care help, such as assistance with bathing, compared to 28% receiving such help in 1978. As of July 1990, 13.75% of the persons receiving services from the home care program, or 2,587 persons, were residents of lodges, meaning that more than one-third of the lodge residents were receiving such help. There were variations among the regions; for example, in the Vegreville Health Unit area, 35.66% of the people receiving home care were living in lodges, while in Edmonton and Calgary each, only slightly over 3% were in this accommodation.

The Senior Citizens Homes Association, a voluntary organization consisting of members of the foundations administering the lodges, has developed standards for the lodges which are adhered to on a voluntary basis. A Lodge Standards Review Committee has been established by this Association and the Housing Division, Alberta Municipal Affairs.

The Association recently completed a study (with the assistance of the Alberta Association of Registered Nurses) which examined a model for the administration of medications in the lodges. A committee will be established to incorporate a section on medication assistance into operational standards for senior lodges, and to prepare an information package for foundations wishing to introduce the medication assistance program.

As of April 1990, the charges for lodge residents were $575 a month for a large single room, $491 per month for a single room, and $442 each for a shared double room. The rates are set by order-in-council of the provincial cabinet. (As of April 1991, these rates will be $601, $514 and $462.)

In 1989/90, the total provincial expenditures (capital and operating) for the lodge program were $19.9 million ($14.8 million in 1986/87). Additional funding was provided by the municipalities.

Sheltered Housing -- other residential facilities (Alberta Municipal Affairs). Alberta, in 1990, had 15 residential facilities for seniors, providing board and room, which were owned and operated by non-profit organizations. They varied in their size, the care they provided and their charges to residents which ranged from $360 to over $1,000 a month.

As of 1990, ten of these facilities (called Unique Homes), with a total of 458 beds, received funding from the Unique Homes Assistance Program, Alberta Municipal Affairs, a deficit financing program which was established in 1979. The legislative base is in the Department of Municipal Affairs Act, Housing Grants Regulation Schedule 10.

Under the Unique Homes Assistance Program, Alberta Municipal Affairs provides up to $6.00 per bed per day to assist with up to 90% of the operating deficits of these facilities. The expenditures for this program have grown from $268,020 in 1979/80 to $926,000 in 1989/90.[30] These facilities were the Alberta Mennonite Home for the Aged in Coaldale, Bethany Care Centre in Airdrie, Bethany Care Centre in Cochrane, Emmanuel Home in Edmonton, the Salvation Army Sunset Lodge in Edmonton, the Good Shepherd Lutheran Home in Wetaskiwin, the Haven of Rest Sunnyside Home in Medicine Hat, the Hythe and District Pioneer Lodge in Hythe, Bethany Care Centre in Calgary and the Salvation Army Sunset Lodge in Calgary.

The majority of the 326 residents of the unique homes in 1988, according to a program review done by Alberta Municipal Affairs Policy and Program Division, were 75 years of age and older (76%).

Millennium Pavilion in Edmonton is a residential facility, providing board and room, but partially subsidized in an arrangement similar to that used for self-contained units.

The residential facilities which are privately operated and receive no public funding are: Canterbury Court, Edmonton; Trinity Lodge, Calgary; Renoir Manor, Calgary; St. Joseph's Home, Medicine Hat; Ukrainian Senior Citizens' Home, Edmonton. Renoir Manor in Calgary and Waterford of

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[30] Alberta Municipal Affairs, Unique Homes Assistance Program.

Summerlea in Edmonton are privately-operated apartment complexes for seniors which provide meals and some services.

Long Term Care Centres (Alberta Health). Alberta Health provides funding for long term care centres (formerly called nursing homes and auxiliary hospitals) which provide a range of care from personal care with nursing supervision to skilled medical and nursing care. Accommodation and care is provided for adults with physical frailties, disabilities, or stable chronic illnesses (physical or mental), who can no longer be maintained in their homes and who do not require intensive treatment in a general hospital. To be admitted to a long term care centre (and have one's care subsidized by the government), one must first be assessed by staff of the Coordinated Home Care Program to ensure that all community options for care have been explored and that facility placement is the best alternative (see the section on home care for further details about this).

Currently, the long term care centres are governed by the Nursing Homes Act and Regulations, and the Hospitals Act.

In the last two years, Alberta Health has moved toward the integration of nursing homes and auxiliary hospitals into long term care centres. This means that most centres will be able, in the future, to provide for a wider range of resident care requirements, and that older residents will not have to be moved if their care needs change.

As of March 31, 1991, there was a total of 166 long term care centres (92 nursing homes and 74 auxiliary hospitals). These facilities had a total of 13,420 beds. There were an additional 82 long term care beds in six general hospitals.

The long term care centres are operated by voluntary associations, district (or public) boards and private enterprise (the latter only a number of former nursing homes).

There has been a change in the method of funding the centres. The nursing homes had been funded by Alberta Health on a per diem basis for each resident (as of 1989/90 it was approximately $40 a day per resident), and the auxiliary hospitals received global funding. On April 1, 1989, a patient classification-based funding system for nursing care costs was implemented. All long term care residents are now being classified according to nursing care needs once a year. This information is then used as the basis for funding, so that centres with residents with heavier care on average receive more funding for nursing care than centres with residents with overall lighter care needs. Appendix B contains a description of the patient classification categories.

In the fall of 1990, 12,832 residents were classified, representing 95% of all long term care beds. Of these, 91.1% were aged 65 and over. Table II-30 shows the age and gender distribution of the residents classified.

TABLE II-30
LONG TERM CARE CENTRE RESIDENTS
DISTRIBUTION BY AGE GROUP AND GENDER, ALBERTA, 1990*

Age Group	Male		Female		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Less than 65	566	13.0	576	6.8	1,142	8.9
65-74	761	17.5	938	11.0	1,699	13.2
75-84	1,441	33.2	2,781	32.7	4,222	32.9
85+	1,572	36.2	4,197	49.4	5,769	45.0
Total 65+	3,774	87.0	7,916	93.2	11,690	91.1
All Ages	4,340	33.8	8,492	66.2	12,832	100.0

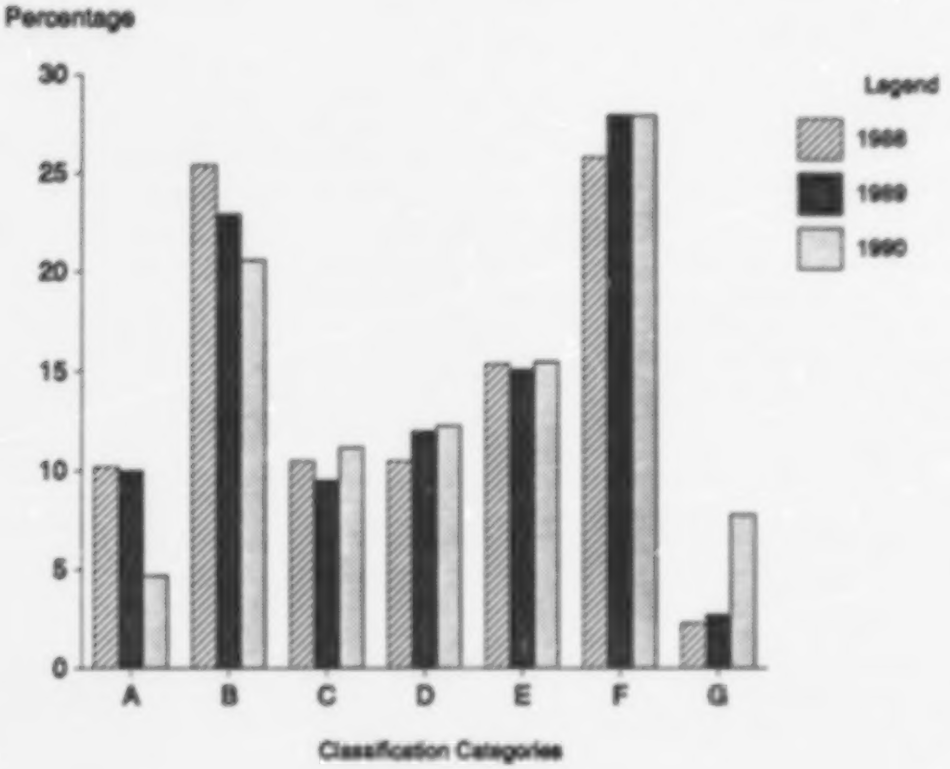
* All data include long term care beds in general hospitals.

Source: Alberta Health, Long Term Care Institutions Branch.

As can be seen from the above table, the vast majority of people in long term care centres were seniors, almost half were age 85 and over and two-thirds were women.

In the fall of 1988, at the time of the first province-wide patient classification, 35% of the residents of long term care centres required light care, 37% medium care and 28% heavy care. In the 1990 classification, 25% of all the residents in these centres required light care, 39% medium care and 36% heavy care (Figure II-8).

FIGURE II-8
ALBERTA RESIDENT CLASSIFICATION SYSTEM, CLASSIFICATION RESULTS, 1988, 1989 AND 1990



For description of categories, see Appendix B.

Source: Alberta Health, Long Term Care Institutions Branch, Program Operations.

Of all the long term care residents (in 1990), 63.4% were widowed/divorced/separated, 23.2 % married and 13.4% never married. Looking at preferred language, it was found that 76.6% indicated English, 7.6% Ukrainian, 4.7% German, 2.6% French, 1.3% Polish, 1.1% Chinese and 6.3% other languages.

A fairly large percentage of the residents (62.8%) in 1990 had mental health problems, with the most prevalent conditions being dementias and depression. Other frequently found chronic conditions were osteoarthritis, cardiovascular accident, hypertension, diabetes and heart failure.

The classification system looked at "behaviours of daily living." It was found, in 1990, that 44% of the residents were sad, depressed or withdrawn (to some degree).

Because of the high percentage of mental health problems, Alberta Health established three pilot units for the care of the "mentally dysfunctioning elderly" (MDE units) in Bethany Care Centre, Calgary, Queen Elizabeth II Hospital, Grande Prairie, and Lynnwood Extended Care Centre in Edmonton. As of 1990, the role of these units is being assessed, and no further ones are planned at the present time.

In 1990, the department established four new Regional Institutional Support and Referral Programs: in Medicine Hat, Red Deer, Edmonton and St. Paul. A pilot program has operated in Calgary (Carewest) since 1987. The purpose of these programs is to assist long term care centres in assessing and caring for residents with mental illnesses or problem behaviours within their current living environment and, if necessary, arrange for timely referral or transfer to services which can more appropriately care for them. These programs are to be closely linked to Community Mental Health Services. In 1989/90, $400,000 was allocated to establish these programs, with an additional $300,000 provided in 1990/91.

In 1989/90 (as in past years), the majority of admissions to the long term care centres were from general hospitals. The majority of the discharges were due to death or to transfers to general hospitals.

As of July 1990, residents of long term care centres paid from $16 to $22.25 a day (the latter for a private room) for accommodation and board, regardless of their income and assets.[31] The total provincial expenditures for long term care centres were $371.6 million in 1989/90. Expenditures, as would be expected, have been increasing. In 1986/87, the provincial expenditures for nursing homes and auxiliary hospitals were $325.5 million for approximately 12,000 residents.

The Mental Health Division of Alberta Health operates three extended care centres (see Mental Health Services for information about these centres).

Other Initiatives (Alberta Health). There is now one major specialized centre providing assessment and rehabilitation for older persons who have multiple problems requiring the skills of a multidisciplinary team. The geriatric assessment and rehabilitation hospital at Edmonton General Hospital (Youville), which opened in April 1982, is the first of its kind in the province providing this type of service. Geriatric assessment and rehabilitation units and consultation teams have also been started at two general hospitals in Edmonton: the Royal Alexandra Hospital and the Misericordia Hospital. The Southern Alberta Regional Geriatric Centre is (as of 1990) developing at Colonel Belcher Hospital in Calgary.

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[31] Effective July 1, 1991, the rates will be: standard, $17.52; semi-private, $20.44; private, $24.82. Future fee increases will be indexed to payments received by the resident from Old Age Security, Guaranteed Income Supplement and the Alberta Assured Income Plan.

Alberta Health funds the Long Term Care Inservice Resource Centre which provides educational materials to home care programs and long term care centres throughout the province from its location at Carewest (District #7) in Calgary. Funding was also provided, as of 1990, for the education of personal care aides and home support aides at the Alberta Vocational Centre, Edmonton.

District #24, Edmonton, the Good Samaritan Society, Edmonton and the Edmonton Board of Health have, in 1990/91, a joint facility discharge pilot project. The purpose of this pilot project is to identify and discharge residents of the eight participating long term care facilities who could be discharged to the community if provided with more intensive home care or other support services.

Mental Health Services (Alberta Health)

Fifty-six community mental health clinics, and 45 satellite clinics, are operated by the Mental Health Division of Alberta Health under the direction of the six Regional Mental Health offices. These clinics provide assessment and treatment services, consultation and public education, through a regional service delivery network.

The legislative basis for these clinics and the mental health hospitals is the Mental Health Act.

At the end of March 1990, 671 persons aged 65 and over were 9% of the open (active) cases of the clinics (Table II-31). Information from 1988-89 shows that, at that time, the Edmonton region had the highest percentage of seniors in its caseload, undoubtedly due to the fact that this region has an established geriatric consultation service. Only in the Edmonton region was the percentage of seniors in the caseload higher than their percentage in the total regional population.[32]

Most of the referrals of older persons to the mental health clinics came from physicians, and about one-fifth were referred by institutions (long term care centres, general hospitals and the two psychiatric hospitals).[33]

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[32] Alberta Health, "Addressing the Mental Health Problems of Older Albertans: Alberta Health's Action Plan," Draft for further consultation only, November 30, 1990.

[33] Ibid.

TABLE II-31
UTILIZATION OF MENTAL HEALTH CLINICS BY AGE GROUP OPEN CASES, ALBERTA, MARCH 31, 1990

Age Group	Total Cases	Per cent of Total Caseload
0-64	6,677	91
65-74	366	5
75+	305	4
Total 65+	671	9
Total - All Ages	7,348	100

Source: Alberta Health, Mental Health Services Division.

The two mental hospitals, Alberta Hospital (Ponoka) and Alberta Hospital (Edmonton), operating under boards and funded by Alberta Health, have some patients aged 65 and over. As of January 1990, there were 379 beds designated for geriatric care (212 beds in Edmonton, 167 beds in Ponoka). A number of the beds designated for geriatric care at the Edmonton hospital are for respite care. It is interesting to note that while only a small percentage of the persons served by the mental health clinics were seniors, persons aged 65 and over used about one-third of the beds in these two hospitals.

In March 1989, there were 188 older persons in Alberta Hospital (Edmonton) and 155 in Alberta Hospital (Ponoka). The major diagnoses, in terms of patient days, for seniors were dementia (66.4%), affective disorders (11.8%) and schizophrenia (8.3%). It should be noted that the older patients generally had longer hospital stays than the younger patients.[34]

The user charge for care in these hospitals, after the first 60 days, is, as of 1990, $16 a day.

The two hospitals, in addition to providing in-patient services, also provide community education, consultation and outreach services to support patients discharged from the hospitals.

The Mental Health Division operates three long term care institutions (called extended care centres) for persons with varying degrees of mental dysfunctioning: Rosehaven Care Centre in Camrose, Claresholm Care Centre in Claresholm and Raymond Home in Raymond.

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[34] Ibid.

As of December 1989, they had a total of 332 residents; 70.1% (233 persons) were aged 65 and over. This was a considerable drop in numbers from 1987 when the three centres had 481 residents, 73% of whom were seniors. Rosehaven Centre is almost exclusively serving elderly persons, while the other two have higher percentages of residents under age 65 (Table II-32).

The extended care centres focus on psychiatric rehabilitation of persons suffering from chronic mental illness. Patients in these facilities have generally been referred from other institutions, such as the mental hospitals, general hospitals and long term care centres.

TABLE II-32
AGE AND GENDER OF EXTENDED CARE CENTRE RESIDENTS
ALBERTA, DECEMBER 31, 1989

Extended Care Centre	Less than 65		65+		Total	
	Number	Percent	Number	Percent	Number	Percent
Claresholm						
Males	42	60.8	27	39.1	69	100
Females	43	58.1	31	41.8	74	100
Total	85	59.4	58	40.5	143	100
Raymond						
Males	4	80.0	1	20.0	5	100
Females	3	27.2	8	72.7	11	100
Total	7	43.7	9	56.2	16	100
Rosehaven						
Males	3	3.5	81	96.4	84	100
Females	4	4.4	85	95.5	89	100
Total	7	4.0	166	95.9	173	100

Source: Alberta Health, Alberta Mental Health Management and Planning System.

Dementia was the major diagnosis of residents of Rosehaven Care Centre, while schizophrenia was for those in Claresholm and Raymond Centres.[33]

Rosehaven Care Centre has a day hospital, Claresholm Centre an outpatient service which works with a number of former residents, and Raymond a small day program for former residents.

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[33] Ibid.

Raymond also has five group homes attached to it, each with about six beds, two of which serve older former patients.

As of 1990, patients in the three care centres paid an accommodation charge of $16.00 a day. The expenditures for these centres, in 1989/90, were $17.3 million. (In 1982/83, there were 422 persons age 65 and over in these centres, and the total expenditure was $15.8 million.)

Michener Centre (Alberta Family and Social Services)

Michener Centre, an institution in Red Deer for mentally retarded persons, is operated by Alberta Family and Social Services. In 1990, 162 of its 1,035 residents were aged 65 and over; 44 were aged 60 through 64.

Office of the Public Guardian (Alberta Family and Social Services)

The Office of the Public Guardian is a program of Alberta Family and Social Services. It was established in 1978 and has regional offices in Edmonton, Red Deer and Calgary, as well as a sub-office in Lethbridge. Under the authority granted to the Public Guardian by the Dependent Adults Act, the Office provides substitute decision making for dependent adults who have no one else who is willing, able and suitable to be their guardian. Such an appointment is made by the Surrogate Court of Canada, when it is satisfied that a person 18 years of age or over is repeatedly and continuously unable to care for himself/herself and to made reasonable judgements in respect of matters relating to his/her person. The Court must also be satisfied that appointing a guardian would be in the best interest of, and result in substantial benefit to, the individual. The Office of the Public Guardian also administers the payment of legal fees and costs for private guardianship applications in situations where the applicant or the estate of the dependent adult would find such payment a hardship and the Court orders costs against the Crown.

At the end of 1990, there were approximately 3,291 persons over the age of 65, who had guardians. Of these, some 516 individuals had the Public Guardian as their guardian and 2,775 had private guardians. These older persons made up some 39% of the 8,446 dependent adults in Alberta. The vast majority of these seniors had been declared dependent adults due to "diseases of the aging process." The majority of dependent adults aged 65 and over were living in institutions (Table II-33).

In 1990/91, the Office of the Public Guardian contracted with 12 volunteer organizations to provide support to guardians and potential guardians. Five of these funded agencies dealt primarily with individuals who provide support to older persons: the Society for the Retired and Semi-Retired in Edmonton, the Alzheimer Society for Lethbridge and Area, the Grande Prairie and District Golden Age Centre - Guardianship Program, the Stettler Community Involvement Program and the

Volunteer Centre of Calgary. The funding for Community Involvement Programs run by these five organizations was $106,748.[36]

The expenditures for the program, in 1989/90, were $2.3 million.

TABLE II-33
RESIDENTIAL STATUS OF DEPENDENT ADULTS BY AGE GROUP AND TYPE OF GUARDIAN, ALBERTA, 1990

Age Group	Number in Institutions	Number in Community	Total Number
Public Guardianship			
18-64	666	580	1,246
65+	469	47	516
Total	1,135	627	1,762
Private Guardianship			
18-64	1,054	2,855	3,909
65+	2,067	708	2,775
Total	3,121	3,563	6,684
Total			
18-64	1,720	3,435	5,155
65+	2,536	755	3,291
Total	4,256	4,190	8,446

Institutions: long term care centres (nursing homes, auxiliary hospitals), active treatment hospitals, extended care centres.

Community: Lodges, own homes, family homes, room and board, approved homes, group homes, shelters, jail, no fixed address, others.

Source: Alberta Family and Social Services, Office of the Public Guardian.

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[36] Office of the Public Guardian.

III. PROVINCIAL STRUCTURES AND ASSOCIATIONS

Provincial Government Structures

Seniors Advisory Council for Alberta (Chairman reports through the Associate Minister of Family and Social Services). The Council was established in 1976. At that time it was called the Provincial Senior Citizens Advisory Council. Until 1990, its staff services were provided by the Alberta Senior Citizens Secretariat, which also provided a province-wide information service, temporary grants in education, special projects and research related to aging, and encouraged interdepartmental coordination relating to seniors' programs.

The Council has 15 members. It is chaired by a member of the legislative assembly and has members (one each) representing the following bodies: the Alberta Medical Association; the Alberta Hospital Association; and the universities. The remaining members come from various regions of the province.

In 1990, the Council's name was changed to the Seniors Advisory Council for Alberta, and the Council assumed many of the functions provided formerly by the Secretariat.

The major and most important function of the Council is to make recommendations to the Government of Alberta on programs and services for seniors. Each year the Council submits an annual report to the government, through the Associate Minister of Family and Social Services to whom the chairman reports.

The Council, in its reports to the government, has been particularly concerned about the need for an expanded and comprehensive home care program and about the need for greater coordination of the services used by older persons with special needs, recommending as early as 1979 that there be a pilot project in a coordinated system of services for older people with special needs. (This developed into the single point of entry.) It has also been concerned about the education of persons working with older people, about housing and about an adequate income support and pension system.

The budget of the Council is in the budget of Alberta Family and Social Services. The legislative base for the Council is the Department of Family and Social Services Act, Section 7, which gives the Minister authority to appoint advisory committees.[37]

As of 1990, the Council became responsible for the province-wide information service for older people. This involves responding to telephone calls and letters and, on occasion, in-person interviews. Telephone calls are received through the Government of Alberta telephone system (RITE) and the toll free Seniors Information Line, 1-800-642-3853. The majority of information requests address the need for general information about programs and services for seniors, followed by questions about pensions. There were, in all, 12,173 recorded requests for information during 1990, close to half of which came from seniors (Figure III-1).

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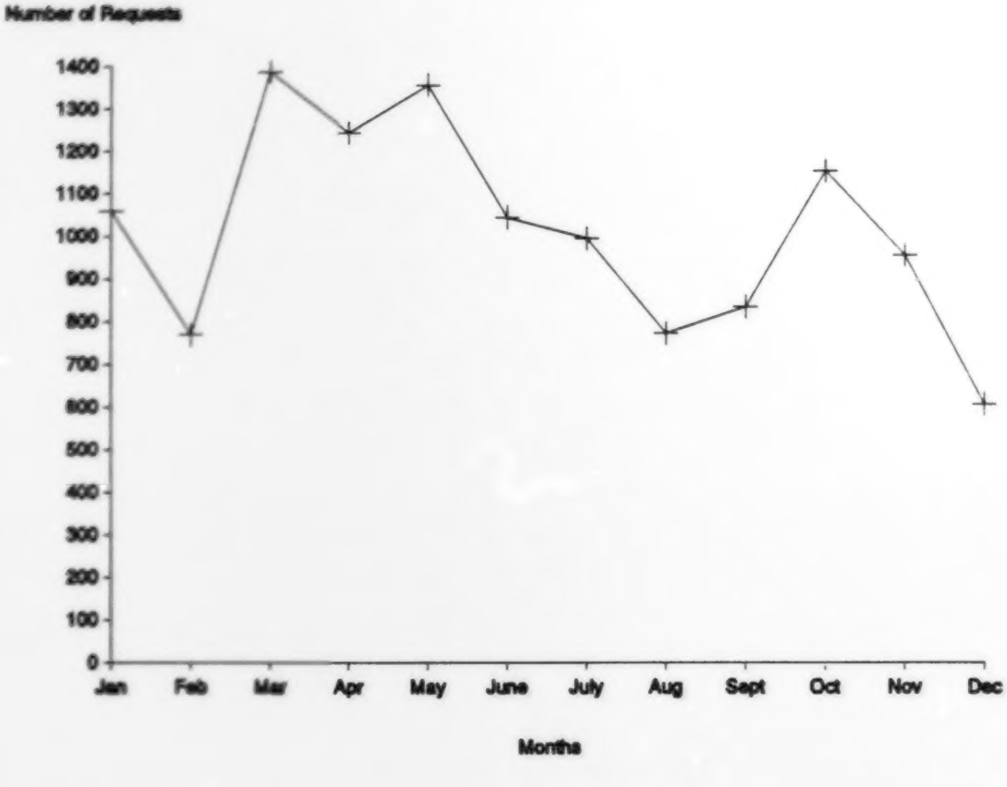
[37] An act establishing the Council was introduced in the 1991 spring session of the Alberta legislature.

FIGURE III-1
SENIORS ADVISORY COUNCIL FOR ALBERTA
MONTHLY INFORMATION REQUESTS, 1990



Source: Seniors Advisory Council for Alberta, 1990.

The Council also has a small resource library, which is necessary in order for it to respond appropriately to many of the information requests.

There are several major publications: the booklet, Programs for Seniors, which has been published almost every year and describes the benefits and programs; the Fact Sheet, which is a four-page newsletter published six times a year. In addition, this demographic and service utilization paper

(Older Albertans) is published every two years (approximately). In 1990, the Council distributed 47,884 copies of various of its publications.

Small temporary grants on aging are available to support educational activities and special projects carried out by community organizations. (The grants for research on aging were discontinued in 1990.) The Council also provides the basic operating grant for the Alberta Council on Aging, a province-wide voluntary organization. During 1990, grants totalling $166,420 were provided.

Services to Seniors Division (Alberta Family and Social Services)

In 1990, a Services to Seniors Division was established by Alberta Family and Social Services. The mandate of this division is to advise government departments on policies, programs and services in support of older Albertans. The Division also promotes and facilitates interdepartmental coordination in the areas of:

- policy and planning;
- resource management;
- programs and service delivery; and
- information.

This involves chairing interdepartmental committees, managing the interdepartmental agenda and collaborating with departments in the development of strategies to address the needs of older Albertans.

The Division also works to promote government awareness of issues related to aging through communication strategies, programs and the maintenance of a data base relating to issues for older Albertans, including the collection of data.

The Division, which collaborates with the Seniors Advisory Council, is also responsible for liaison with provincial/national/international organizations. This involves proactive networking and information gathering and sharing with provincial, national and international organizations, including developing partnerships with business, the academic community and non-governmental organizations.

Demographic developments (i.e. the aging of the population) have significant policy implications which need to be addressed through an interdepartmental strategy and overall framework. The Services to Seniors Division is facilitating the work of the Interdepartmental Task Force on Seniors. This Task Force has been established to focus the government's attention on the aging population and on the development of plans, policies and programs to meet the needs and expectations of an aging Alberta society. The Task Force is expected to submit a report by December 31, 1992. This report will recommend a comprehensive government-wide plan representing the province's blueprint for action in support of older Albertans to the year 2005.

Provincial Associations

Alberta Association on Gerontology (AAG). The Alberta Association on Gerontology is a province-wide voluntary organization that seeks to enhance the lives of the aging population through support of persons involved in and concerned with gerontology. The Association is interdisciplinary with over 400 members, including senior citizens, seniors' organizations, senior centres, home care programs, health units, hospitals, long term care facilities, housing units, and interested individuals.

Established in 1980, the Association has provided a vehicle for networking, information exchange, education, promotion of research and increased public awareness of issues related to gerontology. In order to facilitate communication, education, and information-sharing at a local level, chapters have been established in Edmonton, Calgary, Lethbridge and in the North West Region. Additional chapters will be developed in other areas of the province.

Regional workshops are held as well as an annual conference. The Association frequently collaborates with other organizations in planning these events.

A newsletter is currently published five times a year.

The Association's Ad Hoc Committee on Substance Abuse is currently completing the second phase of a research project, "Training the Trainers." In the first phase a report documents the learning needs of practitioners working with the older alcohol abuser. The second phase will provide training modules which will enable practitioners to function as trainers of other practitioners working with older alcohol abusers, in their own work settings or geographical areas.

The mailing address for the Association is c/o Centre for Gerontology, P220, Biological Sciences, University of Alberta, Edmonton, Alberta, T4G 2E9.

The Alberta Council on Aging (ACA). The Alberta Council on Aging is a province-wide organization of senior citizens, senior citizen centres, and individuals interested in aging. Founded in 1966, the ACA is concerned with the process of aging and improving the situation of older people; it encourages active senior participation in the development of policy and programs in health care, the arts, education, senior centres, community development, transportation, crime prevention and education. Its monthly newsletter, the ACA News. keeps people up to date on issues relevant to seniors. The ACA also produces publications of interest to seniors, including a Leadership manual, a Talent Bank Resource manual and a Fund Raising Manual.

The ACA has sponsored many projects, and since 1986 has been involved in the Senior Consultants Program (seniors assisting seniors' groups) which is, as of 1990, supported by funding from the federal Seniors Independence Program. In 1988, it participated in a survey of senior centres in Alberta (see Section II, Part A on senior centres). The ACA has also sponsored a seniors' computer training project.

A number of research projects sponsored by the Alberta Council on Aging, for example, in 1974 "The Continuum of Care for Senior Adults in Alberta," have led to improvements in services for older people. On a continuing basis, the ACA monitors developments relating to seniors, researches and develops papers and briefs and, as appropriate, submits briefs to all three levels of government. With funding primarily from Health and Welfare Canada, the ACA sponsored a major demonstration/research project ("Project Involvement") which examined ways of involving seniors effectively in their communities. One of its major involvements now is supporting and promoting the "One Voice" movement, a national coalition of seniors.

The ACA receives its basic operating grant from the Seniors Advisory Council for Alberta and raises additional funds through donations, memberships, fund raising efforts and sale of publications. As of 1991, the ACA had a membership of 1,600 individuals and 400 organizations, primarily senior citizens' organizations. The address of the ACA is Room 501, 10506 Jasper Avenue, Edmonton, Alberta, T5J 2W9.

Alberta Gerontological Nurses Association (AGNA). The Alberta Gerontological Nurses Association was formed in 1982 as an interest group of the Alberta Association of Registered Nurses. Its purpose is to educate nurses about aging and the needs of older people and to encourage them to act as advocates for older people. Regional workshops are held, and through the organization there is an exchange of information and mutual support. AGNA is affiliated with the Canadian Gerontological Nurses Association.

Membership is open to all registered nurses, and associate membership is available to retired and graduate nurses. As of 1990, about 100 nurses were members. The address is c/o the Alberta Association of Registered Nurses, 11620 - 168 Street, Edmonton, Alberta, T5M 4A6.

Alberta Interfaith Coalition on Aging. The purpose of the Alberta Interfaith Coalition on Aging is to give support and encouragement "to our respective communities of faith in their response to the spiritual and social well-being of the older adult."[38]

The coalition started in June 1977 when a small group of people met in Edmonton to plan a seminar for the religious community related to aging and older people. From the seminar, the Edmonton Interfaith Committee on Religion and Gerontology was formed. The committee, in the following years, sponsored a number of workshops and seminars. On July 28, 1982, the coalition was incorporated as a provincial body with the purpose of developing a province-wide organization which would provide education programs and leadership development, resource material and a speakers bureau. The coalition also has an advocacy role and encourages dialogue and outreach to all groups working with the elderly. It stresses that the spiritual concerns of older persons are important to their well-being and health.

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[38] Alberta Interfaith Coalition on Aging, from "Seniors Alive!" Conference 2. The Caring Community Proceedings, June 13-15, 1984, Edmonton, Alberta.

The coalition holds annual conferences, the latest on "faith communities." The coalition continues to assist in developing regional workshops and also distributes information on aging to religious congregations. There is a board of 20; the membership consists of about 100 individuals and groups. The address for the coalition is P.O. Box 8143, Station F, Edmonton, Alberta, T6H 4N9.

Alberta Pensioners and Senior Citizens Organization. This Alberta organization was founded in Lethbridge in 1942 and is a member of the National Pensioners and Senior Citizens Federation. Its prime concerns are the welfare and best interests of senior citizens.

The organization has 22 local chapters, with memberships ranging from 50 to 200 persons. These chapters meet regularly and hold an annual provincial meeting at which resolutions are proposed, voted on and forwarded to appropriate bodies. The address is P.O. Box 1411, Claresholm, Alberta, T0L 0T0.

Alberta Senior Citizens Sport and Recreation Association. The Senior Citizens Sport and Recreation Association was formed in 1980 with the purpose of promoting and supporting recreation and fitness development for adults age 55 and over. It promotes a healthy lifestyle for older adults which emphasizes the profitable use of leisure time.

Branches exist in each of the eight Alberta games zones where senior volunteers promote, develop and organize play-off activities leading to each Alberta Seniors' Games. The last was held in Hinton, and over 1,000 seniors participated in 26 different sports events. The association co-sponsors these games with the Alberta Sport Council. Participation and sport development is encouraged not only for the Seniors' Games, but on a continuing basis.

With grants from Alberta Recreation and Parks, the association provides leadership workshops, instructional demonstrations and resource people to develop and promote a variety of games and a range of other recreational activities, such as performing arts. A quarterly newsletter keeps members up to date. As of December 1990, there were 5,200 individual members, 112 club members, and 14 associate members (municipal parks and recreation departments, branches of the Royal Canadian Legion, corporate members, etc.).

The major thrusts for coming years are to promote a winter games for seniors in odd years (the summer games are in even years) and to initiate a national seniors' summer games in 1993.

The association obtains operating funds from the Alberta Sport Council, Alberta Recreation and Parks, and through fund-raising activities, donations and membership dues. Its address is #890, Alberta Place, 1520 - 4th Street, S.W., Calgary, Alberta, T2R 1H5.

Canadian Pensioners Concerned (Alberta Division). Pensioners Concerned (Alberta Division) is connected with the national organization, Canadian Pensioners Concerned. Chapters were started in Alberta in 1970. Membership is open to individuals, seniors citizens' groups and organizations.

Pensioners Concerned concentrates its activities specifically in the area of financial concerns and problems of pensioners, as the members feel that the area of finances requires specialized attention. To achieve its aims, Canadian Pensioners Concerned becomes involved in researching areas of need, anomalies, discrepancies and general financial interest related to older people. It monitors legislation passed or proposed and makes its findings known by briefs and presentations to whichever government is involved. It holds meetings to educate seniors on issues affecting them. Its work is carried on by volunteers. It receives donations from members and the community and on occasion has received some help from the federal government New Horizons program. A newsletter is published four times a year. The president's address is 13923 108 Avenue, Edmonton, Alberta, T5M 2C9.

Major Local Organizations

The major senior citizens centres have an influential role. In addition to working with the Alberta Council on Aging and other organizations, they also deal frequently with issues concerning seniors, presenting briefs to local, provincial and federal governments. They have been involved with the One Voice movement coordinated by the Alberta Council on Aging and have assisted in the local organization of this movement.

Of particular note are the Society for the Retired and Semi-Retired in Edmonton, Kerby Centre in Calgary, the Lethbridge Senior Citizens Organization, the Veiner Centre in Medicine Hat, and the Golden Circle in Red Deer. In Calgary, the Senior Citizens Central Council, consisting of representatives of senior groups, has also been involved in information provision and advocacy.

APPENDIX A: PROGRAMS RELEVANT FOR SENIORS: DATES OF ESTABLISHMENT

1959	Lodge program (Alberta Municipal Affairs)
1964	Contract Nursing Home Program (Alberta Health)
1966	Preventive Social Services Program, now Family and Community Support Services Program (Alberta Family and Social Services)
1969	Property Tax Reduction benefit for senior homeowners (Alberta Municipal Affairs)
1972	Senior Citizens Renter Assistance Program (Alberta Municipal Affairs)
	Subsidized apartment housing for seniors (Alberta Municipal Affairs)
	Senior citizens exempted from premium payments for Alberta Health Care Insurance (Alberta Health)
1973	Extended Health Benefits Program (Alberta Health)
	Alberta Blue Cross Benefit Package (Alberta Health)
	Supplement of $10 monthly for Alberta Old Age Security recipients receiving the federal income supplement (then Alberta Social Services and Community Health)
1974	Further Education grants to reduce tuition fees for non-credit courses for adults (Alberta Advanced Education)
	Three day hospitals (Alberta Health)
1975	Alberta Assured Income Plan, an increase of the earlier supplement (Alberta Family and Social Services)
	Operating grant for the Alberta Council on Aging (ACA), a voluntary organization established in 1966 (Seniors Advisory Council for Alberta)
	Senior Citizens Community Service Program: special allocation of Preventive Social Services funding for seniors' services, 1975/76 only (then Alberta Social Services and Community Health)
	Community Health Nursing: special allocation of funds to ten health units for community health nursing services to older persons (Alberta Health)

	Senior Citizens Bureau established, later called the Senior Citizens Secretariat (then Alberta Social Services and Community Health)
1976	Provincial Senior Citizens Advisory Council appointed, staff services provided by the Senior Citizens Bureau (later Secretariat)
	Senior Citizens' Home Improvement Program, grants to senior homeowners (then, Alberta Housing)
1978	The Coordinated Home Care Program (Alberta Health)
	Office of the Public Guardian established (Alberta Family and Social Services)
1979	Senior Citizens Facility Grant Program (then Alberta Culture)
	Alberta Pioneers' Repair Program, grants to senior homeowners (then, Alberta Housing)
	Grants to municipalities for transportation for seniors and the disabled (Alberta Transportation and Utilities)
1982	Seniors' Home Improvement Program, grants to senior homeowners (then, Alberta Housing)
	Senior Citizens' Home Heating Protection Program (Alberta Transportation and Utilities)
	Edmonton General Hospital, Youville Geriatric Services established (Alberta Health)
1983	Alberta Widows' Pension Program (Alberta Family and Social Services)
1986	Seniors Home Improvement Program Extension, grants to senior homeowners (Alberta Municipal Affairs)
1990	Seniors' Independent Living Program, grants to senior homeowners (Alberta Municipal Affairs)
	Seniors' Emergency Medical Alert Program (Alberta Municipal Affairs)
	Services to Seniors Division established (Alberta Family and Social Services)

Seniors Advisory Council for Alberta established with staff, former Provincial Senior Citizens Advisory Council (chairman reports through the Associate Minister of Family and Social Services)

Eight pilot projects in adult day programs (Alberta Health)

APPENDIX B: DESCRIPTION OF PATIENT CLASSIFICATION CATEGORIES (LONG TERM CARE CENTRES)

Light Care (A)	Residents have little or no functional impairment and require minimal supervision, although they may require a supportive environment to function at their potential level. They may or may not have some incontinence problems (but not both bowel and bladder). POSSIBLE EXAMPLES: Residents being prepared for discharge to independent living; who require supervision to prevent deterioration in their condition; who are low care but have potential for medical complications or regression if discharged; with limited mental impairment that decreases their ability to live independently, but without major behaviourial concerns.
Light Care (B)	Residents fall in two clusters: 1) those with little or no functional impairment but with some behaviourial problems, or 2) those with some functional impairment and no or few behaviourial problems. Higher behaviourial impairment is offset by low functional impairment and vice versa. Residents may or may not have some incontinence problems (but not both bowel and bladder). POSSIBLE EXAMPLES: Residents in the early stages of a degenerative disease; minor physical handicaps that require restorative rehabilitation; mild cognitive impairment that might be associated with early Alzheimer's Disease or mild mental retardation.
Medium Care (C)	Residents fall in three clusters, which represent different combinations of functional and behaviourial strengths or problems: 1) lowest functional problems with highest behaviourial problems, 2) some functional problems with fairly high behaviourial problems, or 3) medium functional problems with no or some behaviourial problems. Residents may or may not have some incontinence problems (but not both bowel and bladder). POSSIBLE EXAMPLES: Residents in the early stage of multiple sclerosis who require little physical care but are emotionally labile; stroke patients with moderate physical deficits who need emotional support.

Medium Care (D)	This is the "swing" category in that it includes the largest number of combinations of functional, behaviourial and incontinence strengths or problems. This category includes those residents whose combined functional and behaviourial problems would have put them in Category A, B, or C but who are in Category D because they are incontinent of both bowel and bladder. In addition, residents with no or only occasional incontinence are include in Category D if they have: 1) relatively few functional problems with very high behaviourial problems, 2) medium level of functional problems with relatively high behaviourial problems, or 3) relatively high functional problems with no or up to relatively high behaviourial problems. POSSIBLE EXAMPLES: Paraplegics requiring retraining for bowel and bladder control; residents with Parkinson's Disease or Huntington's Chorea, depending on the stage of the degenerative process and their adjustment to it.
Medium Care (E)	Residents fall in four clusters: 1) relatively low functional problems with single/double incontinence and very high behaviourial problems, 2) medium functional problems with either single/double incontinence and relatively high behaviourial problems, or no to low incontinence with very high behaviourial problems, 3) relatively high functional problems with single/double incontinence and no or up to relatively high behaviourial problems, 4) highest level of functional problems with no, or up to relatively high, behaviourial problems but no incontinence. POSSIBLE EXAMPLES: Very frail, confused elderly; alcoholics with Korsakoff's syndrome; brain injured; severely handicapped arthritic; old stroke patient.
Heavy Care (F)	Includes primary residents with heavy physical care requirements (those with the highest functional problems and some or up to double incontinence problems). Also included are residents with very high behaviourial problems with either relatively high functional impairment (but no incontinence) or medium functional impairment with single/double incontinence. POSSIBLE EXAMPLES: Residents with advanced dementias or relatively late stages of neurological diseases.

Heavy Care (G)	Includes only residents with both the highest level of behaviourial problems and relatively high or the highest level of functional impairments. Those with lower than the highest level of functional impairment must have some incontinence although those with the highest level of functional impairment are in Category G even without incontinence problems. POSSIBLE EXAMPLES: Residents with advanced neurological diseases such as multiple sclerosis, or dementia severe enough to require two people to provide physical care (dressing, toileting, etc.).

Note: The examples of patient types are not intended to be an exhaustive list. As well, specific diagnoses are not identified with specific categories. Instead, residents with similar diagnoses can be found in all categories, depending on the severity of their functional impairment. That is, the combination of the resident's 1) stage in the disease process, 2) stage in the rehabilitation process, and 3) adjustment to their functional limitation will determine nursing care requirements and placement in the classification categories.

Source: Alberta Health